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## ORIGINAL ARTICLES.

### THE WOUNDED IN TIMES OF PEACE.


BY A. VARONA, M.D., BROOKLYN, N. Y.


SECTION II.

TRANSPORTATION OF THE WOUNDED.

When a wounded man has to be moved, well-trained men, appropriate stretchers and well-constructed ambulance wagons should be used.

If the distance be less than half a mile, it is easier and safer to use a stretcher carried by hand; if greater than half a mile, an ambulance wagon must be used. In crowded cities it is perhaps better to use the "ambulance" in all cases.

Before attempting to remove an injured man from the spot where he has fallen, the stretcher should be brought close up to him; the wounded man should not be carried by hand further than can be avoided. In placing the stretcher for this purpose, it should not be laid by the side of the patient, but at his head, and should not be placed cross-wise, but the length of the stretcher should be in the same direction as that in which the wounded man happens to be lying. By this means the patient is readily carried head forward over the canvas on which he is to lie, and the bearers move with a clear view of the stretcher before and between them, until the patient's head is directly over the pillow on which it is to rest.

The front and rear bearers of the conveyance must start with opposite feet. They must not move "in step," but, on the contrary, must march out of step, or, as the ordinary expression is, must "break step." If the man in front steps off left foot forward, the man in the rear must step off at the same moment right foot forward, or *vice versa*, and this broken step must be maintained throughout the whole distance of the transport.

The bearers must march with a steady but easy step, particularly avoiding elevation of their bodies by springing from the fore part of the feet. The foot should be planted without any wavering on the ground at each step, and in moving forward it should only be raised sufficiently to clear the ordinary impediments on its surface. Some bearers, unless this rule is enforced, will make a slight spring in their movements, which spring is of course communicated to the more or less pliable conveyance they are carrying. They do so on the belief that the weight is sustained more easily in consequence of the elastic movement which is thus obtained, but they take no note of its ill effect on the person conveyed. Whether even or uneven as regards measure of time, great care must be taken lest the steps of the front and rear bearers are invariably even and alike in distance. If the steps do not well and accurately agree in length, there will constantly be a hasty "catching up" of one or other of the bearers; and the stretcher and patient will be jolted on every occasion when an effort is thus made to readjust the distance. If the bearers march with an exactly corresponding step as regards length this source of disturbance will be avoided.

In selecting bearers, as far as circumstances permit, men nearly of the same height and strength should be selected for acting together. When a stretcher is supported by men of equal height and proportion, if the ground be level the stretcher will necessarily assume a horizontal position also, and men possessed of like degrees of strength will carry the weight and move together more evenly. If the ground be uneven, the bearers will have to mutually adapt the height of their respective ends of the conveyance to the irregularities in order to preserve its level condition.

When braces or shoulder-straps are used to assist the bearers in carrying stretchers, care should be taken at starting that they are buckled so that the parts supporting the poles are at equal distances from the surface of the ground.

As most ground over which wounded men have to be carried is likely to present irregularities of surface, it becomes an important matter for bearers to practice the carriage of the stretchers so as to acquire a facility of keeping the stretcher level, notwithstanding the ground is uneven.

If the ground over which the conveyance has to pass presents a general ascent, and the bearers are of different heights, then the rear or No. 2 bearer should be the taller and stronger man, for his greater height and the greater strength of his arm will be useful in supporting and raising the stretcher up to the level of the end carried by the foremost man. The weight of the stretcher will naturally be thrown in the direction of the man on the lower level.

If the ground presents a general descent the front or No. 1 bearer should be the taller and stronger, for the same reasons as those just given as regards the No. 2 bearer under the opposite circumstances.

A sick or wounded person on a stretcher should be carried, if the ground be tolerably level, with his face looking toward the direction in which the bearers walk. The front or No. 1 bearer then supports the end of the stretcher at which the patient's feet are placed; the bearer near the patient's head is the rear bearer.

If the bearers have to carry the stretcher up hill or up stairs, the front bearer should support the end of the stretcher on which the patient's head is placed.

If the bearers have to carry the stretcher down hill, or down stairs, the rear bearer, or No. 2, should support the end on which the patient's head is placed. The reverse position should be assumed by the bearers both as regards going up hill or stairs, and going down hill or stairs, in case the patient being carried is suffering from a recent fracture of the thigh or leg.

The patient's comfort and welfare will be best consulted as a general principle by the arrangements made in the two last paragraphs. Although under all circumstances the level position should be sought for as much as possible, still, if the slope of the ground be such that it cannot be attained, it appears desirable that the inclin-

ation downwards should be towards the feet rather than towards the head of the patient. But with regard to the exceptions named, a reverse position of the patient is directed in order to prevent the weight of his body pushing the upper end of the broken bone down upon the helpless and motionless portion of the limb below the seat of the fracture.

On no account should a stretcher be permitted to be carried on the shoulders of two or four bearers. The evil of such a proceeding is not only that it is difficult to find several bearers of precisely the same height, so that a level position may be secured, but also that the wounded or sick person, if he should happen to fall from such a height, owing to the helpless condition in which such a patient usually is, is not unlikely to sustain a serious aggravation of the injuries he may already be suffering from. Moreover, one of the bearers of the stretcher ought always to have his patient in view, so as to be aware of hæmorrhage, fainting, or other changes requiring attention, taking place, and this cannot be done when the patient is carried on the shoulders.

If the wounded man lying upon a stretcher have to be transferred into an ambulance wagon, a third bearer should invariably be employed to assist in the proceeding.

There are occasions of wholesale accidents, such as fires or railroad disasters, when stretchers may not be at hand; it will then be necessary to adapt oneself to circumstances, and take advantage of such means as may be present. If at hand, hammocks and cots may be converted into stretchers by being suspended from single poles.

Blankets, by having a loop sewn at each corner, can with two poles make temporary conveyances. A loop should be sewn at each corner, and the blanket be then doubled over so that the two loops at each end are brought together; a pole can be passed through the four loops on one side, and another passed within the doubling of the blanket on the other side.

In urgent cases a blanket may be used as a means of carriage by four men, one taking hold of each corner. It must first be spread out upon the ground, and the patient laid gently on it in a suitable direction.

Two sackcoats, by turning sleeves inside out, passing two poles through the sleeves, and buttoning over the poles, make an excellent stretcher.

Ambulance wagons for one or two horses should be constructed in the following manner:

*The Body* should measure 6 feet 7 inches long, 3 feet 7 inches wide at top and 3 feet 3 inches wide at bottom, and 1 foot 10 inches high all outside; with a sunken floor, with wheel-house under driver's seat for forward wheels to turn under. Smooth sides and rear end, ¾ inch swell on sides and 2 inch swell on rear end. Sides with a moulding outside 5½ inches from top edge forming two panels. Rear end made into a tail-board 1 foot 6 inches high, with a handle at each end outside, and to swing down on two hinges, and when down, the entire rear end of the vehicle is open, thus giving full opportunity to remove the bed quickly and replace it when needed. Ash or oak is used for the sills, white wood for the panels, pine for the floor. The top is made permanent with a moulding or rain-cap 1⅛ inch wide, with posts 1⅛ inch square and roll-up curtains all round. Curtains made of leather, and lined with cashmere of plain color. There are two lights in front, and rear curtains. The inside of the roof is of birch or maple, with natural wood finish, oiled and varnished. Roof is covered outside with black enameled duck and extends in front over driver's seat. The seat for driver is on a level with the vehicle and runs across the front end, and with a dasher of enameled leather and apron, with ample room for his legs and feet; also a gong which is placed on the right hand side under his feet to work with a spring by the aid of his right foot. Under the driver's seat is a box (with a lid under cushion) intended for carrying medicines, lint and supplies. Splints for temporary use can be placed in front of this box suspended by leather straps. An iron step is placed below rear end of body, in a position to allow the tail board to clear it when down and to enable the attendant to enter the vehicle easily from rear end. A movable seat 12 inches wide rests across the rear end of the body, on which the attendant sits, and this cushion is moved at pleasure when the patient is placed in or removed from the ambulance. The inside of the body is padded entirely round with dark red leather, smooth without tufting. The bed is made as long and wide as the inside of the body will admit, having a short handle projecting from each corner, and covered smooth with same leather as sides and ends, and filled with spiral springs, and stuffed lightly with hair. The bed runs on six small iron rollers on a track, and has two stop irons under front end to catch when drawn out, and a separate pillow covered with same leather accompanies it.

*The Wheels* should be 3 feet and 4 feet high. The hubs should be of elm, 7½ inches x 9 inches with bands of brass 2½ inches wide and to project 1 inch over hubs. The rims should be of hickory 2½ inches deep. The spokes should be of white oak. The tires should be of steel, 1⅝ inches wide and ¼ inch thick.

*The Axles* should measure 1½ inches and 1⅝ inches, with solid collars and with rubber cushions.

*The Springs* should be "platform," made of the best English steel of five and six leaves, and 2-inch steel. The sides should be 3 feet 6 inches long.

The body should be 2 feet 8 inches from ground at rear end.

The vehicle should be painted in quiet colors and lettered "Ambulance" in large gilt letters on each side of body, and outside on front end of roof, a sign is placed with same name on it. The name of the hospital in small letters may be placed on panel at each end of driver's seat.

A lantern is placed outside in front, fastened to roof; also one suspended inside of the top, hung with straps.

The weight of the vehicle should not exceed 1,150 pounds.

## HOMŒOPATHY IN GREAT BRITAIN.

By Prof. Wm. Tod Helmuth, M.D., New York.

A better reply to the assertions of the decay and death of homœopathy, which is so glibly announced by many allopathic journals (arguments, however, as threadbare as constant use for half a century can make them), could not be found than the curious fact that at the last meeting of the British Medical Association, the *three* addresses which were delivered were all more or less devoted to the consideration of homœopathy. No wonder that the latent ire of the editorial we—the important *omnes solus* of the various medical periodicals—should be aroused to its uttermost, when the system which had been pronounced dead or dying thirty years since, should have sufficiently recovered its vitality to have interested the minds of *three* of the most distinguished men of the kingdom, and allow them to adopt the dead homœopathy as the subject for their different addresses, and this, too, without complicity of one with another.

The British people have ever been remarkable for their conservatism. Their adherence to the established routine of their forefathers, as well as their unwillingness to embrace any new doctrines conflicting therewith, amounts in some cases almost to absolute obstinacy. Whether it be in religion, in politics, or medicine, the "dissenters" are regarded with a feeling of jealous antipathy which is well nigh universal, and new doctrines, no matter by whom broached, require much time and long reflection for their ultimate adoption.

In medicine these remarks are more especially applicable than to any of the other departments of science. When in the ages past Servetus was actually burnt at the stake with the edition *Christianismi Restitutio*, for so-called heretical doctrines in both medicine and religion; when Harvey in another century promulgated the idea of the previous martyr, that "there is a transit of

blood from the right to the left side of the heart by a lengthened and complex passage through the lungs"; when Jenner announced the prophylactic virtues of the vaccine virus, and later still, when Hahnemann proclaimed the law, *Similia Similibus Curantur*, the torrents of invective and abuse which were hurled at these innovations were of the most pronounced and prolonged character, and indeed, as it took the medical profession nearly two hundred years to embrace the ideas of Ambrose Paré regarding the ligature, and more than half a century before the doctrine of the circulation was admitted, a similar slowness of comprehension and adoption may be apprehended for the thorough appreciation of homœopathy.

The *London Lancet*, in years gone by, was, perhaps, of all the English periodicals, the most insulting in its tone, the most vituperative in its articles against homœopathy. When Prof. Henderson, of the University of Edinburgh, espoused the doctrine of *Similia*, it appeared as though the editors of this otherwise excellent periodical had almost lost their reason. The predictions of the immediate downfall and decay of "this silly heresy, this scandalous and nefarious trade," were many and frequent. The calculations as to how many worlds of water it would actually take to prepare a thirtieth dilution were set down in long rows of figures. Miserable distiches, throwing into ridicule homœopathic medicine and diet, were allowed to appear in its columns. Nothing was too bad, nothing too mean, nothing too "billingsgate" for the system called homœopathic. These ideas were shared by a large majority of the profession, to whom homœopathy meant nothing but sugar pills, and who understood no more concerning the system than the doses that were *said* to be employed, and who took no pains to discover that homœopathy was "*a system of medicine*" and not a system of dose, and who shut their eyes and their ears to any facts that might appear to them in any way to assist in the advancement of the so-called "Globulistic Quackery." This strenuous opposition was to be expected, from the general characteristics of the people from whom it came, and has already been noted. The homœopaths to them were all quacks, and they made no hesitation in announcing the facts on every possible occasion.

But time changes the minds of most of us, and already the aspect of the old school in England is beginning to revolutionize. At the forty-ninth annual meeting of the British Medical Association, held in Ryde in August, 1881, its President, Benjamin Barrow, F.R.C.S., in his inaugural address (which, by the way, is a very scholarly one), thus speaks of the homœopath. He does not refer to what we term the advanced or the rational follower of Hahnemann, but to exactly that class of practitioners who a quarter of a century ago were the subject of so much vituperation, and who had so many anathemas hurled at them from the editorial forum. Dr. Barrow speaks of consultation with the old-fashioned *purist*, the abhorred man of the allopathic periodicals, the man who was called either a "knave or a fool," thus: "No one can, I think, deny that the homœopath stands upon very peculiar ground. He *practices a system of medicine*. Although I have no belief in it, nevertheless it is a system, and if carried on in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, *I fail to see how he can be called a quack*,* *or why he should be* tabooed by the profession; as it were, cut off from a position among medical men; forbidden to gather together with them, and prevented from *discussing publicly his system, and hearing the contrary from those practicing legitimate medicine*. The benefit would be MUTUAL, and these discussions would be of benefit to the public, *and an additional proof to them that their weal was uppermost in our minds*." The Doctor then goes on to give his ideas regarding those who practice *both* systems, which, however, has no point here. The quotation is introduced to show how the sentiment is changing among the better class of practitioners in Great Britain.

The address in Medicine was delivered by the celebrated John Syer Bristowe, M.D., the senior physician to St. Thomas' Hospital, both an author and a deep thinker, his whole essay exhibiting thought and study, and the straightforward manner in which the deductions of the author are spoken does him in every way great credit. To begin with, he says: "It has been largely held, and is doubtless still believed, that the position of medicine *as a science* is a discredit to the age in which we live, and it *may be freely admitted* that, while the arts and sciences generally have been making rapid strides, medicine, in its primary and *chief* object, namely, the *cure of disease*, has made but scanty and doubtful progress." And again: "I confess that to me it seems altogether Utopian and unreasonable to expect either that diseases shall ever be banished from the earth, or that even *diseases generally* shall become *curable by therapeutical or any other treatment.*"

What candid physician is there of any school of medicine, who has rubbed off the enthusiastic romance of the earlier years of his practice, who cannot agree with Dr. Bristowe as to the first portion of the latter quotation? Disease will never be banished; death comes to all of us sooner or later; but the question then arises, what kind of treatment is best for *the curable* affections which afflict mankind? And here we must differ somewhat from the latter part of the quotation, for we *do* believe that diseases are very often cured, by proper therapeutics. The quotation shows well how the hungry mind of a conscientious and learned practitioner of the old school, after having spent his life in the performance of professional duty, finds to his disgust that even "diseases *generally*" can *not* be cured "by therapeutical or any other treatment."

With such conclusions forcing themselves upon his mind, there can be no wonder that he has looked minutely into the homœopathic system, and having looked, has discerned, as many of us have done years ago, that Hahnemann was not a perfect man; indeed, that he was no exception to ordinary human beings, having many imperfections, and many idealistic and unreal notions of many things. It often has struck me that hero-worship was that romantic sort of idolatry that sets up the image as perfection, and refuses to see the flaws in the stone, the ungracefulness of the outline, nay, the very hideousness of deformity in some parts of its construction. But that Hahnemann was a man of genius and a scholar, honest in his convictions, courageous in his propagation of them, and a benefactor to his race, there can be no doubt, and even Dr. Bristowe says thus much in his praise. "That Hahnemann believed in himself and in the absolute truth of all he taught is beyond dispute. He was a prophet, not only to his followers but in his own eyes. All other systems of therapeutics but his were folly, and all who pursued them were fools. That he had learning and ability and the power of reasoning is abundantly clear. He saw through the prevalent *therapeutical absurdities* and *impostures* of the day; he laughed to scorn the complicated and loathsome nostrums which *even at that time disgraced* the pharmacopœias; he exposed *with no little skill and success the emptiness and worthlessness of most of the therapeutical systems* which then and theretofore had prevailed in the medical schools; and then he invented and proclaimed a system of his own at least as empty and worthless as any that had gone before." If we allow that Hahnemann has done as much as it is acknowledged by Dr. Bristowe that he actually did, he has claims to be called a benefactor of his race; and if indeed his system is on a par with those that have gone before, and if the system practiced by Dr. Bristowe for so many years is so very imperfect that he has arrived at the conclusion that "*even diseases generally cannot become curable by therapeutical or any other treatment*," certainly homœopathy possesses at least equal claims for consideration by the

* The italics are my own.

profession and the people. And as we very well know that the best established allopathic text books of the day are filled with homœopathic doctrine; that the most successful men of their school very often practice according to the law of *Similia;* as we are aware that the doses of medicine now administered by the most enlightened old school practitioners are not only very frequently the so-called homœopathic doses, prepared according to the homœopathic pharmacopœia, and manufactured into the shape of globules (called granules and parvules); as, I say, these facts are all very well known to us, we must rest content with the silent and rapid strides that the homœopathic system is making, and laugh in our sleeve at the predictions of its downfall and nemesis, and of its prophesied place beside the ignominious tractors of Perkins, or the nauseous tar-water of Bishop Berkley. On the other hand, and on *our* side, let us acknowledge at once with boldness the imperfections of our system, as well as the good that belongs to the old school; let us wipe away that bigotry that says "We are the *only true* lights from Heaven;" all else is either darkness or an *ignis-fatuus;* let us acknowledge with reverence the learning and the wisdom that belongs to the so-called old school, and we shall begin to see medicine stand upon a broad and scientific basis to which from afar the suffering of the human race shall lift their eyes for hope and relief.

Toward the end of his address Dr. Bristowe thus speaks of the homœopathic practitioners: "That all homœopathists are honest men is more than I would venture to assert; but that in large proportion they are honest is entirely beyond dispute. It is quite impossible that a large sect should have arisen, homœopathic schools and hospitals been established, periodicals devoted to homœopathic medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture. No, gentlemen, the whole history of the movement and its present position are amply sufficient to prove that those, at any rate, who take the intellectual lead in it are men who believe in the doctrines they profess, and in their mission, and who practice their profession with as much honesty of purpose and with as much confidence in their power to benefit their patients as we do. That all homœopathic practitioners are men of ability and education it would be absurd to maintain, but it is absolutely certain that many men of ability and learning are contained within their ranks. If you care to dive into homœopathic literature, you will find in it (however much you may differ from the views therein inculcated) plenty of literary ability; and I have perused many papers by homœopaths, on philosophical and other subjects unconnected with homœopathy, which prove their authors to be men of thought and culture, and from which I have derived pleasure and profit. Again, I will not pretend that even a considerable proportion of homœopaths are deeply versed in the medical sciences, yet they have all been educated in orthodox schools of medicine, and have passed the examinations of recognized licensing boards; so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice, and some among them possess high medical attainments."

I have made this quotation complete without regard to its length, because it is very desirable for us in America to understand how we stand among many of the really great medical men of Great Britain, and to show that, as the little leaven leaveneth the whole lump, so gradually, with such influences as those I have mentioned to back it, homœopathy must gradually not only take its place as *one of the methods* of curing disease, but that the school, as a school, may at least be judged fairly and without bigotry.

The address on Surgery at the meeting was delivered by the celebrated surgeon, Mr. Jonathan Hutchinson, who argued very strongly in favor of consultations with homœopathists in surgical cases. I have not, unfortunately, the address by me, or I should give some strong quotations showing the sentiment of the lecturer in this regard.

The facts, however, are very plain, and in a most distressing editorial in the *British Medical Journal*, although they endeavor to put the best face on the matter, and to cover their astonishment and chagrin by additional predictions regarding the "thrice slain" and already dead system of Hahnemann, it is plain to see their consternation is great. But from the editorial columns we read thus: "Dr. Bristowe and Mr. Hutchinson are universally recognized as two of the *ablest, most deeply read, most philosophical, most acute*, and *most cautious* representatives of medicine and surgery, and indeed, if two names had to be fixed as representing, in the *highest degree*, the qualities of *learning, rectitude* and *prudence*, it *would not be possible* to name two gentlemen, who by common consent are better endowed with those qualities. Nevertheless, without concert with each other, without external suggestions of any kind whatever, and without prior communication with the Committee of Council, or with anyone else connected with the Association, each of these gentlemen has been moved to discuss a question, which belongs neither specially to the subject of medicine, considered as an art or a science, nor to the art or science of surgery, but to the ethics of practice." After these remarkable words, and apparently without observing the paradoxical effect of the reasoning, the editors go on with the old and worn-out tirades, and actually obsolete predictions of the past, following in the wake of the *Lancet* in years gone by.

How can it be possible, if these gentlemen, of such acknowledged attainments in all departments of medicine, in considering what subjects should be brought before the Association, resolved to adopt Homœopathy and its followers, their rights and their privileges, as the best topics of discourse—how is it possible that the system is dead, or even in a moribund state? The facts seem to prove the remarks of Mr. A. H. Smee, who, in his Hunterian oration in February, 1881, says: "I have noted from year to year for the past fifteen years, the number of cases in which, if the diagnosis of the medical attendant *was right, his prognosis was manifestly wrong.*"*

With such foreshadowings on one side, the homœopathists of Great Britain should feel very well satisfied, and on their part should remember that, to elevate homœopathy to its proper standpoint, something besides the study of the materia medica and therapeutics is required; that the collateral branches of medical sciences should be carefully studied, not only as homœopathy bears on them, but as they bear on homœopathy; and all of us must certainly remember that although *we* believe that the practice of medicine as based upon the law of similars is *the best*, and always to be adopted when practicable, yet, that there are other systems to which able medical men adhere, and by the aid of which the cure of the patient can be effected; that there is an expectant as well as a positive way in treating disease; that there are many affections that are absolutely incurable under any system of medicine, and that in such, to the true physician, the whole line of palliative treatment is open; that as no two faces are alike, or no two temperaments exactly the same, that it is absolute folly to prescribe a dose of the same strength for all suffering humanity; and that the selection of the quantity employed must be left to the judgment of the physician.

These are apparently the points that will certainly raise us in the estimation of every scientific physician; and, while we allow to ourselves the fullest liberty in thought and action, we must not forget to permit a similar right to any of our brethren, whether belonging to our own "particular school" or not.

As gradually the invective and abuse which were formerly so frequently indulged in by the medical journals is sliding from their vocabularies; as our really educated men are being acknowledged and respected by

* *British Medical Journal*, Aug., 1881, p. 281.

such authorities as Bristowe, Hutchinson, and Barrow, and to such an extent that in their public addresses they take pains to show to us their sense of justice—while these things appear on the one hand, let us make ourselves, as exponents of Homœopathy, the more respected by increasing *our* knowledge of *all* the branches of medical science, and being thus enabled (it is the laborious work of a lifetime) to teach the young men, coming forward with all the zealous impatience of youth, to worship before the shrine of Æsculapius with credit to ourselves and with honor to the Institution to which we belong.

## "MEDICAL HERESIES HISTORICALLY CONSIDERED." *

### A REVIEW.

By H. W. Taylor, M.D., Terre Haute, Ind.

Like all superficial students of Hahnemann's Organon of Homœopathy, Prof. Smythe confounds the discovery of the law of similars with the promulgation of the abstract theory of Dynamization, in attempting to single out the essential doctrine of Homœopathy. In fact, he has only a very confused and inaccurate notion of what the law of similars is. Thus the homœopathic reader will be surprised and amused at the author's assertion, on page 100, that "The law of similars requires that only one medicine shall be administered at a time, and not until it has been proven!" It will be of interest to Dr. Smythe to learn the elementary fact in Homœopathy, that the law of similars includes no more than the similarity between the effects of the drug and the symptoms of the disease—the single remedy and the "proving" occupying the position of logical and practical deductions from the application of the law.

In a mere partisan essay upon Homœopathy from the Regular standpoint, we may expect to find mere assertion in the place of proofs; but in an "historical" consideration of the doctrine of Homœopathy, the professional reader is justified in demanding something in the way of evidence. As an illustration of the off-hand manner in which our author is especially felicitous, I quote from page 101:

"He had staked his all on the truth of *Similia similibus curantur*. To retreat was impossible. He was compelled to move forward, but had to add a new principle; and thus came about high dilutions and triturations. This principle is not one of the results growing out of his spirit-like, dynamic pathology; that was an after-thought, and manufactured in order to comply with the transcendental basis of his therapeutics—a sort of logical necessity."

Those familiar with the history of the researches and writings of Samuel Hahnemann are aware that in 1797 he had only begun to bring his newly-discovered law into notice. Not until a much later period had he gone so far as to draw upon himself the maledictions and persecutions of the apothecaries. Hence, there could have been nothing to prevent his formal recantation of the new doctrine. And a few brilliant examples in our own day lead us to believe that Hahnemann would have been received into the Rational fold, with the same exuberant manifestations of joy that aforetime abashed and chagrined the ninety-and-nine that had never gone astray.

A matter of six or seven years is of small consequence, perhaps, but it is fatal to Prof. Smythe's theory of the origin of the dilutions, that Hahnemann had published his first dissertation on the Law of Similars in 1796, only a few months before the publication of the cure of cholera morbus (*sic*) with *Veratrum album*. The great inaccuracy of Dr. Smythe is shown in the fact that he attributes the "high dilutions" to this period, while in reality they belong to a much later day.

He calls the case cured by Hahnemann with *Veratrum album* "cholera morbus," while Hahnemann wrote it "colicodynia."

He censures Hahnemann for injuring the patient, while the text of the article shows that the patient disobeyed orders, and was himself responsible for any ill that befell him in consequence of the over-dosing.

But perhaps the greatest misconception of Hahnemann's theory and practice is shown in our author's absurd mistake as to "the homœopathic aggravation." He says on page 101:

"But experience and observation had taught him that medicine could not be prescribed in sensible quantities in accordance with this law. Hence, the attenuations followed."

The author designates the "Organon" as Hahnemann's greatest work, and quotes from it frequently. It is a curious fact that, like some of the purists, he quotes chiefly and most pointedly from the "foot-notes" to that work. In his assault upon the Homœopathy of Hahnemann, he occupies common ground with those transcendentalists who draw their chief consolation from these same foot-notes that have proven a mine of wealth for the industrious author. It will doubtless be as much a surprise to Prof. Smythe as it has been to the purists, to know that Hahnemann taught that the "aggravation" was essential for two all-sufficient reasons; *viz.*, to enable the practitioner to know *when his dose was sufficiently powerful, and when the right drug had been chosen.* Section 159, page 171, Hering's fourth Am. Ed. of the "Organon," contains Hahnemann's often-reiterated doctrine of drug and dose:

"This trifling homœopathic aggravation of the malady during the first few hours—this happy omen which announces that the disease will soon be cured, and that it will, for the most part, yield to a first dose—*is perfectly* AS IT OUGHT TO BE; *because the medicinal disease should naturally be rather more intense than the one it is intended to cure*, if it is to subdue and extinguish the latter; in the same way that a natural disease can destroy another that resembles it, by exceeding it in power and intensity."

This is the consistent doctrine of dose taught by Hahnemann from the first publication of the "Organon," in 1810, to the day of his death. That he never changed his opinion of the truth of this doctrine, is sufficiently proven by the fact that he never altered the numerous Sections of the "Organon" in which this doctrine is so clearly and forcible announced and reiterated. On page 766 of the Lesser Writings, he says, under date of 1833:

"I am astonished that after the very peculiar directions contained in the 'Organon of Medicine,' more special instructions can be wished for."

He had been requested to publish "more exact directions" for applying the *law of similars* in the cure of the sick, and he was "astonished" that the directions in the "Organon" were not plain enough.

In the face of these repeated declarations of Hahnemann, how can Prof. Smythe lay claim to ordinary partisan fairness while saying that "observation had taught Hahnemann that medicine could not be prescribed in sensible quantities in accordance with this law?"

With a *naiveté* that is charming, the author says:

"It has been the rule with all schools of medicine, and will continue to be so for all time, that the therapeutical application of remedies is based upon the pathological conditions known to be, *or supposed to be*, present in the case to be treated."

I have italicised the phrase which describes the most numerous class of objective points of regular therapeutics. The pathological condition "supposed" to exist

* A Series of Critical Essays, on the Origin and Evolution of Sectarian Medicine. Embracing a Special Sketch and Review of Homœopathy, Past and Present. By Gonzalvo C. Smythe, A.M., M.D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Member of American Medical Association, etc. Philadelphia: Linsley Blakison. 1880.

is ostensibly the groundwork of regular therapeutics. Be it remembered that this groundwork must of necessity remain supposititious until after the *post mortem*. Symptoms are ever-present, perceptible, tangible facts. They present themselves with obtrusive pertinacity, and cry so loudly for relief, that even the "pathological supposition" school to which the author belongs has been driven to invent a special department of symptoms to be treated, and yearly give fifty tons of *Opium* in this country to meet the three symptoms—pain, insomnia, and diarrhœa!

Thus, while theoretically denying symptomatology and the value of symptoms, the school of Prof. Smythe is making a feeble attempt to imitate Hahnemann's regard for symptoms, as a "basis for the application of remedies."

But the author has here displayed his predominating unfairness and recklessness of assertion. Section 5 of the "Organon," page 94:

"When a cure is to be performed, the physician must avail himself of all the particulars he can learn, both respecting the probable *origin* of the acute malady, and the most significant points in the history of the chronic disease, to aid him in the discovery of their fundamental *cause*, which is commonly due to some chronic miasm. In all researches of this nature, he must take into consideration the apparent state of the physical constitution of the patient (particularly when the affection is chronic), the disposition, occupation, mode of life, habits, social relations, age, sexual functions, etc., etc."

Will not such an examination lead to a correct diagnosis? Can the author point out a better method? Does such better method prevail in his school? Again, he says on page 102:

"And, recognizing the absurdity of treating the material pathological changes which take place in diseases with such attenuated remedies he was compelled, I repeat, to manufacture an attenuated pathology, which is explained in the 'Organon' about as follows:"

"Disease consists of a disordered condition of the vital spirit-like, or dynamic force of the body, which manifests itself by certain disordered sensations, or symptoms, the totality of which constitutes the disease, or thing to be treated."

Has the school of Professor Smythe given to the world a better general definition of disease? Would this regular teacher have us believe that the "pathological condition" is itself the disease? Has he not confounded causes with consequences? Does he teach his classes that in a pneumonitis, the "congestion" is one disease, the "exudation" a second, and the "resolution" a third? And does he treat each of these different pathological conditions differently? It is a lamentable fact that regular nosology has for its basis, in many instances, some single symptom of the disease—a symptom as widely separated from the "pathological condition" as are the heavens from the earth. I need but mention "typhoid," which means "smoke-like"; indicating that the regular christeners were, as usual, all in a mist. Croup, which refers to the "crowing" sound of the cough of that disease; "scarlet fever" from the bright redness of the skin; "measles," from the roughness of the skin, making it appear like the disease in swine to which the name "measles" had been applied by the common people. "Scrofula," again from the hog; variola, "spottedness"; rubeola, "redness"; "yellow fever," because the skin frequently becomes yellow in this disease, and so on, *ad infinitum*.

Beside these, there are a large number of diseases supposed to be without lesions, and called functional disorders. Having no recognized pathological conditions, they are not properly subjects for rational therapeutics. I may mention mania, epilepsy, indigestion, colic, vomiting, diarrhœa, palpitation, dyspnœa, headache, neuralgia, constipation, anæmia, chlorosis, hysteria, hydrophobia, diabetes, pertussis, intermittent, remittent, and malarial fevers, cholera, cholera morbus, cholera infantum, jaundice, etc., etc. In fact, the number of diseases having distinctive and characteristic lesions is comparatively small, which may serve to account for the great paucity of rational therapeutics. Be it remembered, however, that each and every one of all the classified diseases have *symptoms known to the* nosologist. This may serve to account for the remarkable superiority of Hahnemann's method, which applies remedies to the totality of the symptoms—including, of course, objective and subjective—and leaves the morbid anatomy to be determined at the *post mortem* table of the regular.

After dealing with the psoric theory of chronic diseases in his customary illogical manner, the author presents Hahnemann's deduction of cures in the style of a stump orator:

"It has been accepted in all ages, by philosophers, that when a cause is removed, the effect will cease; but Hahnemann claims that the converse of this proposition is equally true, and that when the symptoms of a diseased process are cancelled by the operation of a homœopathic remedy the cause will immediately cease to act."

This is not what Hahnemann taught, as the author could easily determine by reading the quotations which he makes on the same page:

"Diseases are produced only by the morbidly disturbed vital force. It follows that after the cure of such manifestations of disease and of all discoverable aberrations from healthy vital functions, their disappearance must necessarily and with equal certainty be presumed to result in and determine the restoration of the integrity of the vital force, and the return of health to the entire organism."

This is merely saying that when all symptoms of disease have disappeared, health is restored; and *not* that when health has been restored the disease will disappear, as Dr. Smythe would have us think.

It is much the fashion of champions of the rational school to turn their whole armament upon the theories with which Hahnemann sought to explain his facts. What he thought of these theories himself, may be ascertained definitely by reading Section 28 of the "Organon:"

"As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place. *I attach no value whatever to any explanation that could be given on this head.*"

Hahnemann was a man of facts and not fancies. He discovered the fact that diseases could be cured most quickly, safely and pleasantly with drugs which produced symptoms similar to the diseases. His theories of vital force and of dynamization were theories only, and in his own words of "no importance whatever." Ninety-nine of every hundred of his followers at this day believe as the master taught, viz.: that the Law of Similars is the great truth of therapeutics and that all the theories of homœopathy are of "no importance whatever." Professor Smythe should remember this, and not be overturned by the windmill of homœopathic theories while the great wall of homœopathic facts lies just in his way "rock-ribbed and eternal as the sun."

Professor Smythe might well have spared us the chapter devoted to homœopathic pharmacology. The question of the divisibility of medicinal substances is one apart from therapeutics. Reasoning merely *à priori*, it would have been the height of absurdity to say that *Cinchona* bark could cure intermittents. The demonstration of the fact takes the matter out of the domain of the questioner. The availability of the 30ths is being tested in a thorough manner by competent homœopathic physicians and scientists and there will be a satisfactory decision arrived at in due time. Meanwhile for the credit of his personal standing in the literary world (in which he is not without some note) I beg Professor

Smythe to correct in the next edition the unpardonable error into which he has unaccountably fallen, of counting up our vials in a geometrical ratio. Once for all, let those who write up homœopathic pharmacology understand that it only requires thirty vials to prepare the 30th dilution; and that twelve and one-half ounces of the 30th dilution can be made with no more than sixteen ounces and two drams of alcohol and that only sixty strokes of the arm are required. In the face of this plain and unimposing statement, pages 150 and 151 of "Medical Heresies" look very ridiculous indeed. Let the author try it for himself and he will see that he can easily make the 30th dilution in *fifteen minutes*, as against the quadrillions of years which the printer has so bunglingly notated. Thus put one drop of the tincture with 99 drops of alcohol in the first vial, shake twice; immediately pour one drop of this first dilution into the second vial, add 99 drops of alcohol and shake twice; then pour one drop of the second dilution into the third vial, add 99 drops of alcohol, shake twice, and you will have made the third dilution according to Hahnemann. You will have used three vials and six strokes of the arm with three hundred drops of alcohol and medicine, and with an ordinary celerity of movement you will have occupied a little more than one minute of time. The 30th vial will contain the last of 3,000 drops of alcohol, will have received the sixtieth stroke of the arm and will have been finished in fifteen minutes, unless the pharmacologist stops to label each vial as soon as it is shaken. With this simple explanation of an elementary process in homœopathic pharmacology with which the first course student is perfectly familiar, our author must feel that he has wrought his mathematical and historical brain up to an unwarrantable pitch while carefully elaborating such problems as the following:

"If each dilution was placed in a separate vial, on end, in a line, and each occupied a half inch of space the line would extend 63 sextillions, 131 quintillions, 313 quadrillions, 131 trillions, 313 billions, 131 millions, 313 thousand, 131 miles and 1653 feet!"

Now it will surprise Professor Smythe, A. M., M. D., to know that the necessary number of vials to be used in preparing the 30th dilution if placed on end in a line would extend just about five feet! Again:

"Estimating the distance to the sun as (*sic*) 90 millions of miles, a man would be required to make the round trip 350 quintillions, 729 quadrillions, 517 trillions, 396 billions, 285 millions, 72 thousands 961 times in order to reach these vials so placed."

Whereas in sober truth even a shorter man than the Apollonian Professor could reach all around, under and over them without moving a foot! Yet again:

"If each vial weighed a half ounce (16 ounces to the pound) the whole number would weigh 156 sextillions, 250 quintillions of tons (2,000 lbs. to the ton) sufficient to load 15 sextillions, 625 quintillions of railroad cars of 10 tons each. If the cars were 25 feet long and made up into trains 100 miles long, there would be 739 quadrillions, 820 trillions, 71 billions, 22 millions, 722 thousand, 537 trains and 1856 cars."

Whereas if each vial weighed thirty-two times as much as assumed in the basis of the above calculation the whole number would weigh but thirty pounds or half as much as the multilocular cyst which Dr. Smythe lifted easily from the abdominal cavity of a patient into a convenient slop-bucket! Yet again:

"To manufacture the quantity contained in the above mentioned number of vials, there would be required 11 sextillions, 10 quintillions, 744 quadrillions, 186 trillions, 46 billions, 511 millions, 627 thousand, 906 hogsheads (of 140 gallons each) 1 pint and 2 ounces of alcohol!"

Whereas in truth, only about four ounces of alcohol are required to make the 30th dilution.

"Suppose there were 500 millions of people living in the world at one time, and each person should use a pint daily, it would require 123 trillions, 203 billions, 348 millions, 833 thousand, 229 years to use up the result of one drop of the mother tincture diluted to the 30th potency and still leave unused 11,627,360 pints, sufficient to consume the time from the foundation of the world to the present time, and also a very liberal slice off eternity."

This reminds me of the "end-man's" problem:

"If four men by working one hour a day can dig a ditch thirty feet long in 365 days 6 hours and 59 minutes, how many apple pie pans will it take to shingle a meetin' house?"

Never was man named Smythe so badly rattled on figures since the day old Powhattan shook his war club over John of that ilk, "just for fun."

Now come we to the place where our mathematical and historical author puts on his war paint and flings his banner on the outer wall.

"I challenge homœopathy to produce a remedy above the second potency (centesimal scale) which will reduce the temperature in well marked cases of typhoid fever below ninety-nine degrees any time during the first or second week or the first half of the second week or the first half of the third week of the disease; and I will agree to furnish the patient myself, the medicines to be prepared and administered in the presence of responsible parties of both schools. I wish to stipulate however that this experiment shall not be continued sufficiently long to jeopardy (*sic*) the life of the patient. Rational treatment lowers the temperature in these cases in a few hours, say from 105° to 100° or under."

This boast calls to my mind a lengthy article in the Practitioner detailing a case of typhoid fever. Here the patient was subjected to a set of "rational" experiments that must have been highly entertaining to say the least. During several halves of the first two weeks the Dr. tried the cool bath as an antipyretic. Becoming disgusted with the water he resorted to quinia, and toward the end of the third week succeeded in lowering the temperature. The patient had a tedious convalescence, for which I am inclined to think she was indebted to the active but misguided brain of Dr. Gonzalvo C. Smythe. No good whatever can come of the short reductions of temperature secured by means of those dangerous expedients—cold water and enormous doses of quinia. The temperature rebounded from those temporary depressions until the usual time for a permanent subsidence. And I am free to say that given two cases of typhoid fever with about equal temperature in the first days, *the sum of all the temperatures of all the hours in the day for any number of days will be smaller under the third centesimal dilution of the homœopathic remedy*, than under the boasted antipyretic treatment of Professor Smythe. The danger will be lessened and the course of the disease shortened with more rapid and perfect convalescence.

With the inaccuracy that characterizes the whole of this production, the author confounds two neighboring physicians, one of whom is a graduate of the Indiana Medical College, while the other was president of the "State Institute of Homœopathy of one of our Western States." These are matters of no moment, and merely serve to show how hastily Dr. Smythe did a work for which he was illy prepared. Without previous acquaintance with homœopathic literature, and having no knowledge of the practical workings of its pharmacology and therapeutics, our author has made himself ridiculous and nothing more.

From personal knowledge of the writer I am sure that he might have done a more creditable work. He is a gentleman of ability and culture; a leading surgeon in his neighborhood and not without that ambition and mental industry that forms the stock of the original investigator. Let him put the law of similars to the true and only test. Let him prescribe the homœopathic drug after the manner of Hahnemann and the scales will fall from his eyes as aforetime they fell from the darkened lids of the great persecutor of the true Christ.

## "VIRUMQUE CANO."

By Samuel A. Jones, M.D., Ann Arbor, Mich.

I am wondering if the "Regular Independent," who is evidently a MAN by "divine right," would let a little chap of my size shake hands with him? To be sure, it might not be much to *his* credit, but it would do *me* a world of good. I would walk many and many a mile to grasp his hand and to look in his face; as it is, I can only thank him.

I have much, very much to thank him for, and not that he has simply spoken justly of homœopathy. He is not a "partisan of homœopathy:" I am, and so must I be to the end of my sojourn among the mists. Many of us must so be if homœopathy means anything, and this because the thing which it means must be stood up for by "partisans" until all men shall acknowledge it for what it is. All truth must have its church militant because of men and the devil.

But I am filled with the spirit in which the "Regular Independent" wrote—a spirit of frankness, having no use for any fig-leaves whatever, having nothing to conceal. In this spirit I tell him that I, too, am "opposed to sectarianism in medicine," aye, and in anything. I regret the necessity which makes me avow myself a "homœopath," and this because I thereby am made to appear as if excluding much of truth. I know that homœopathy is true: and I also know that it is not all the truth. I am glad to be able to say that I have long ago made acknowledgment of this, and have even been reviled for it by men who were revolving in a smaller orbit. Indeed, when I was a teacher I was even accused of heterodoxy for expressing such a catholicity to truth as my arraigners could not comprehend.

Because, then, I am obliged to recognize other methods of curing than *Similia*, I regret the necessity which obliges me to call myself a "homœopath." Give homœopathy its place in medical science, acknowledge it openly as a large truth, admit the merit of him who, of all men, living or dead, has made it practical, and from that day I am a physician, and prouder in that title than in a kingship.

I do not claim "universality of application" for homœopathy. I agree with him who wrote "The Grounds of a Homœopath's Faith," that such a claim can be neither affirmed nor denied until our materia medica shall include the pathogenesis of every noxious, or symtom-producing thing in the whole earth; and even then I should still recognize, and, on occasion, defend other methods of cure. I write "methods of *cure*" designedly, and because such methods of cure are. In fact, I am so much at one with the "Regular Independent" that our only difference is, I cling to a name which he deprecates.

Nor am I alone; hundreds upon hundreds stand where I stand, believe as I believe, feel as I feel, and wear the *"sectarian" name as I wear it, in simple loyalty to him who of all men has made homœopathy practical.*

In one point alone do I find my very heart differing from the "Regular Independent," and that is where he says:

"From a scientific point of view it makes no difference whether the name 'homœopathic' is retained or dropped; the principle has a vitality of its own that will enable it to survive all changes, all ridicule and opposition, and to progress steadily, until it has established for itself a permanent place in therapeutic science, or has become merged in higher laws, of which it is the prototype."

*From a scientific point of view* I grant all this; but the puniest manliness forbids one to regard it from a scientific point of view. There is an older, higher, nobler, holier point of view, existant in the eternal justice before the foundations of the earth were laid. From this point of view—and other than this justice cannot recognize—there is a vast difference whether the name be retained or dropped. To retain the name is to honor the *discoverer*, not of the principle (for Hippocrates had recognized that), but of the *only method by which men could make that principle practically operative*; to drop the name is to deny the truth-finder his grandest reward.

Why drop the name? Is it untrue? No. Is the principle, of which the *name* is only the word-sign, untrue? No. It simply, and, at the farthest, may *not* be of *universal application*. The blame for *that* must fall upon the Architect of the universe. Why drop the name? Not until gratitude, honor, and justice are dropped from the category of human virtues can any other than a shameless reply be made.

We retain the name from gratitude to him who, in sore poverty, was permitted to apprehend a truth, who gave his life to it, who never swerved from it, who shared it freely with his fellow-men, who has been, and is, despised, reviled, and rejected by those who never would, those who never could, and those who to-day "consciously or unconsciously" *utilize* it.

Could we do more as grateful physicians? *dare we do less as honorable men?*

The principle was recognized by Hippocrates, yet are not his works only a "meditation upon death?" Did he teach *when* to give *Hellebore* in madness, and *only Hellebore;* or *when* to give *Hyosciamus*, and *only Hyos.*; or *when* to give *Bell.*, and *only Bell.;* or *when* to give *Stramonium*, and *only Stramonium?* Not so; the principle in his hands was as sterile as an ice-clad mountain top—bathed in God's sunlight, it is true, but the divinest seed could only die *there!*

Samuel Hahnemann was the first on earth to discern that *in the physiological action of any drug we have the God-given guide to its therapeutic application.** Without this truth of what use is the principle; of what use was it through all the centuries from Hippocrates to Hahnemann?

In God's name, let us be just, cost what it may. If to be just involves ostracism, let our manliness outdo him of old, and write our names upon the potsherd *unasked.*

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* We homœopaths do not forget him whom our Master called, with loyal reverence, "the great and immortal Albrecht von Haller." But, was it not a half-truth which Haller discerned?

Inde ad ductum phænomenorum, in sano obviorum, *transeas ad experimenta in copore ægroto,"* are the words.

For him there were two "experiments" necessary; with Hahnemann the *experiment* on the healthy enabled a *demonstration* on the diseased.

Old physic to-day is making its *experimenta in copore sano*, and, refusing to see in the physiological action of a drug the guide for its therapeutic application, is obliged to resort to the Hallerian *experimenta in copore ægroto;* and, lo, it is a great Sisyphus-labor enacted over again at this age of the world!

And what fruit other than apples of Sodom does Old Physic harvest? Its one grand "find," so far as I can read, is Lauder Brunton's application of the *Amyl nitrite* in *Angina Pectoris*. I would by no means be understood as not valuing this really happy deduction, and I should be quick to use this remedy for this very disease. But, my fair-minded "Regular Independent," let us not deceive ourselves—this use of the *Amyl nitrite* is not cure-work. We simply and only by it "obviate the tendency to death." A grand work,—perhaps the grandest of which we are capable in such a disease—but still an incomplete work; a work not done in accordance with the law of similars.

The same incompleteness attends every experiment on the healthy body which is made without recognizing the law of similars; and, what is worse, the results thus gotten only plunge the experimenter into a most rueful confusion.

I have in mind now particulary the ever famous Edinburgh researches into the so-called cholagogic action of *Mercury*. Was there ever such a scratching of dubious heads and rubbing of astonished eyes since time began? And was it not laughable (and a pitying laughter) to hear the half-angry inquiry—"Who started that bugaboo story, *Mercury is a cholagogue?* And with a tart and spicular zeal they traced it to poor Paracelsus—as if *he* had not already enough to answer for! Of him they then and there made a burnt offering—a "scientific" *auto da fé*. But, said a friend of mine on occasion:

> "It's one of God's own laws, John,
> That though we slay the one
> Who advocates a truth, John,
> It still goes grandly on;
> For, truth is God embodied, John,
> And when we madly seek
> To burn the Voice that vexeth, then
> The very ashes speak!"

O, my much-perplexed "scientific" experimentalist, if *Mercury* did *not* arrest the secretion of bile *in corpore sano* how could it unlock the secretions *in corpore ægroto?* That it has done this for

Thus only can we repay him who shared the great truth with us; thus only can we be true to that in us which passeth not away with death.

O, large-hearted "Regular Independent," I and many more crave brotherhood with thee, but a price is put upon it which no *man* can pay, and should some weakling pay this price for fellowship, all that is true, and just, and noble, and deathless in thine own soul would shrink from him as untrue, unjust, ignoble, and worthy only of a pit that is fathomless.

Consider our dilemma: manliness, truth, eternal justice on one side, and fraternity with *those who demand the sacrifice of all these* on the other. Could your manliness, your truth, your divine sense of the eternal justice, pay this price for any boon?

History is for us, and we have not made this dilemma; have not made ourselves a "sect;" have been made. *Hufeland's Journal* alone will testify to this.

Happy circumstance has made us the first custodians of a great and priceless truth, which, "consciously or unconsciously, is to-day utilized by the profession generally, without distinction of schools, although carried to a far greater degree of perfection, and *practised more openly*, by the so-called homœopathic body." Why punish us for this? In the ancient days was he who kept his torch burning punished? *You* know our torch was lighted at the altar of God's truth, and if we have kept it burning through long years of "ridicule and opposition" in a race of which the issues are even life or death, in God's name, do we deserve the harsh alternative forced upon us?

O, my fellow-man, it does make a large "difference whether the name homœopathic is retained or dropped." It is the word-symbol of a truth, and even to-day, in this age of shams, there be many who will walk the earth alone rather than turn their backs upon it.

Meanwhile we go our several ways to the ineffable beyond; may the infinite goodness guide us—mayhap we shall reconcile our differences in the clearer light behind the veil. Farewell.

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DECOLORIZING IODINE.—It is said that if to tincture of *Iodine* there be added a small quantity of *Carbolic acid* it loses its power of staining the skin.

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you, *in disease*, again, and again, and again, you *know*, despite the cavil of all the Paracelsus-quacks that ever walked the earth; and I, too, hold up my hand with yours to so testify, even against the whole universe. You swear by the *fact* as you have seen it; I, too, swear by the *fact* as I have seen it, and by the only therapeutic law which explains that fact, and makes it a fact, even against the whole universe.

You know how valiantly Murchison and other zealous ones have labored to explain this Edinburgh-physiological *faux pas;* to reconcile the glaring discrepancy, and put the respected old cholagogue back in its throne, and to brush away the dirt gotten in that ignoble precipitate tumble. Alas! that even "scientific" experimentalists should seek to spin a rope of sand.

But—Is *Mercury* a cholagogue *in corpore sano?* To answer that affirmatively, and to make *demonstration* thereof, were justice to poor Paracelsus, and pride-soothing to "scientific" experimentalists. Better than all, both of these can be done.

Give a dog doses of the third decimal trituration of *Mercury* under all the other conditions of the Edinburgh experiments. An increased quantity of bile is as sure to follow as is the advent of the seasons in their turn; the same Law-maker determines both.

Let Old Physic repeat her experiments with our reduced doses, and the change in results will open her eyes. There *are* two sides to the shield, and if both schools would change points of view we should see a medical millennium, the devil and all his hosts notwithstanding.

I have been led into this over long note to put Hahnemann's claim in *staccato*, and also to declare that homœopathy is not a therapeutic "principle" or law *alone*. The law is deducible from phenomena; the phenomena are not obtainable irrespective of dose. The momentum of the dose, other things being equal, qualifies the phenomena. This is true in pathogenesis and also in therapeutics. It is also the rock on which we split—the hell-gate of modern medicine.

Many may share Hahnemann's claim to the discernment of the law of similars, but he alone has made it fruit-bearing. As for this posology, it is not a Minerva-birth, leaping forth at once full panoplied; but from his brain alone it came. That is history. How men may receive it matters not. It may be despised; it cannot be denied. *It is his*, and the stone tablets of Sinai contain an enactment concerning it!

## WHAT IS IT?

BY SELDEN H. TALCOTT, M.D.

Dr. W. S. Searle, of Brooklyn, has written a little book, entitled, "A New Form of Nervous Disease;" and with it goes an "Essay on Erythroxylon Coca." Anything new under the sun is of more than passing interest. Hence we take up this book for perusal with an unhesitating zest.

This new form of nervous disease "is characterized by two principal phenomena," says the author, "one or both of which are always present in any case, and both of which are sure to occur sooner or later if the disease is not cured." The writer also affirms that "one of these phenomena is a sensation of sudden *shock*, or *blow*, or *explosion*, in some part of the head. This is usually located in the occipital region, and is sometimes preceded by something similar to the aura of epilepsy. In many instances, however, no aura is experienced. The shock may also be located in other parts of the head. It is almost uniformly accompanied by *intense vertigo*. The other distinctive phenomenon is a condition of passive congestion, usually of the cerebellum only, but sometimes extending, on the one side to the cerebrum, and on the other to the upper portion of the spinal cord."

"The shock is always followed and sometimes preceded by the congestion, but the latter is always aggravated by the occurrence of shock. The congestion is very protracted."

Dr. Searle has given these symptoms of the disease very clearly and briefly; now, "what is it?"

We believe the *explosion* to be the result of an effort on the part of the nerves supplying and controlling the cerebral vessels to rid these vessels of a burden which they have long borne, but which they are unfitted further to carry. Congestion "*sometimes*" precedes the explosion and "*always*" follows it. Probably the cerebral vessels of the patients thus suffering have long been put to undue tension, although the fact of congestion may be appreciated but a short time previous to this singular culmination. The author himself declares that he is "inclined to consider it (the new form of nervous disease) one of the results of American civilization;" a "finger-post, pointing to the truth that we live too fast in this country." Long continued cerebral excitement, from overwork, perhaps, leads to a state of congestion; and this is followed by an *explosion*—a spasm of the vessels—one or several being involved. Following this is sudden anæmia of the brain, and "*intense vertigo.*" Then the vessels relax, congestion comes again with renewed force and with protracted persistence; and the last state of that patient is worse than the first.

The *shock*, or *explosion*, may come without any appreciable previous congestion; but this may be owing to a protracted and unrecognized distension of the vessels. A slight sense of fullness might be regarded by the patient as the simple and natural result of ordinary brain effort.

Dr. S. Weir Mitchell, in his "Lectures on Diseases of the Nervous System, Especially in Women," in the lecture entitled "Disorders of Sleep in Nervous or Hysterical Persons," gives an account of cases presenting similar symptoms to those described by Dr. Searle. Dr. Mitchell asserts that these patients are generally weak, *anæmic*, and nervous.

Both writers admit that the *startling symptoms, i.e., blows* in some part of the head, are usually manifested when the patients are, or are about to be, asleep. Sleep, as is well known, inclines the brain to anæmic conditions.

Therefore, when this "new form of nervous disease" has been considered in all its bearings, what better name can be applied to it than "Anæmia Spasmodica"? This is the term which should apply, we

believe, to the central symptom of the disease; *i.e.*, *shock*, or *explosion*. The other symptoms group naturally about this one.

We are aware that Dr. Searle will hardly accept this term as a proper designation for the disease he has described, because the term is mildly suggestive of epilepsy, or epileptic conditions. He says: "Why should the congestive stage of epilepsy be so brief, and that of the new disease be protracted to weeks, months, and years, if it holds the same relation in both instances to the discharging lesion?"

The *intensity* of epilepsy is such that reaction must be speedy, or death would result. The contour, and construction, and quality of the epileptic's brain must also be considered. In these latter respects the epileptic is peculiar. From what we have been able to gather, the victims of the "new disease" are more intelligent, and possessed of more sensitive and "highly-strung" brains than the average epileptic; hence a comparatively mild effect would produce a more lasting impression upon the former than the latter.

Again, Dr. S. admits that "an anæmiating spasm of the vertebral arteries need not necessitate convulsions, nor unconsciousness, nor some of the other epileptic phenomena." "But," he asks, "how is it when we find the shock occurring in the hemispheres, or indefinitely anywhere in the head, with subsequent and clearly-defined congestion of the cerebrum?"

In reply: Is it not possible that the *sense of shock* may not cover the entire territory over which the effects of the shock travel? And what can be more natural than a general relaxation of the cerebral vessels, and consequent congestion, after a temporary spasm of one, or a portion of one, of their number? Overuse and exhaustion of one member of the body induces profound sympathy on the part of the other members throughout the entire structure.

This new form of nervous disease is not epilepsy, nor anæmia proper; but it appears rather to partake of some of the characteristics of both. Like hystero-epilepsy it is a combined modification of two formidable diseases.

In the list of remedies used in the treatment of the "new disease" we do not find either *Cicuta* or *Veratrum Viride*. Both are worthy of study and application in this direction. According to Heinigke, *Cicuta* has "sensation of *shocks* and jerks in the head;" and in Hale we find, under *Veratrum Viride:* "Headache with *vertigo;* heaviness of the head with throbbing of carotids," and "*booming* in the ears;" also "*galvanic shocks* in the limbs, of great violence." From the symptoms given, and from many of a similar nature found in the provings, we should judge that the remedies named might be of service in the treatment of this disease.

Dr. Searle's essay on *Coca* is an interesting description of that drug. His application of *Coca*, as a medicine, seems to be based upon a rather broad and indefinite generalization. To the weak, who want strength by forced and unnatural means, *Coca* is recommended as an unfailing source of supply. The doctor evidently understands the virtues and uses of this drug; but we do not think he has portrayed them in his essay quite as clearly as he is capable of doing. We hope that he will yet compile "characteristic symptoms" of *Coca*, as determined by further proving and clinical experience, and place them in a succinct form before the profession.

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EARACHE.—In the American Medical Association, Dr. Jacoby remarked that closing the mouths of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache; and that, in a number of cases, he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the eustachian tube.

## ON THE GERM THEORY.*

BY PROF. PASTEUR.

The subject of my communication is vaccination in relation to chicken cholera and splenic fever, and a statement of the method by which we have arrived at these results—a method the fruitfulness of which inspires me with boundless anticipations. Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly-important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say I shall employ the expression virus-culture, as formerly, in my investigations on fermentation, I used the expressions, the culture of milk ferment, the culture of the butyric vibrion, etc. Let us take, then, a fowl which is about to die of chicken cholera, and let us dip the end of a delicate glass rod in the blood of the fowl, with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° centigrade, and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air, or on the surface of all objects. In a short time, if the little culture vase is placed in a temperature of 25° to 35°, you will see the liquid become turbid, and full of tiny microbes, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please—no more than can be carried on the point of a glass rod as sharp as a needle—and touch with this point a fresh quantity of sterilized *bouillon de poule*, placed in a second vase, and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred, or even a thousand, and invariably, within a few hours, the culture liquid becomes turbid, and filled with the same minute organisms.

At the end of two or three days' exposure to a temperature of about 30° C. the thickness of the liquid disappears, and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased—in other words, all the little points which caused the turbid appearance of the liquid have fallen to the bottom of the vase, and things will remain in this condition for a longer or shorter time, for months even, without even the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature. Let us take one of our series of culture preparations—the hundredth or the thousandth, for instance—and compare it, in respect to its virulence, with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin of ten fowls, for instance, each separately, with a tiny drop of infectious blood, and ten others with a similar quantity of the liquid in which the deposit has first been shaken up. Strange to say, the latter ten fowls will die as quickly, and with the same symptoms as the former ten; the blood of all will be found to contain after death the same minute infectious organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood, is due to an apparently futile circumstance. I have made a hundred culture preparations—at least, I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence.

* Read before the International Medical Congress, London, 1881.

Let us now repeat exactly our successive cultures, with this single difference, that we pass from one culture to that which follows it—from the hundredth to, say, the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls, that the virulence of one culture differs from that of the blood, and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the microbe or the preceding. More than that, we may recognize by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, and another none at all, although the microbe may still be cultivated. In fact, what is no less strange, if you take each of these cultures of attenuated virulence as a point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting point. Similarly, where the virulence is null it produces no effect. How, then, it may be asked, are the effects of these attenuating virulences revealed in the fowls? They are revealed by a local disorder; by a morbid modification, more or less profound, in a muscle—if it is a muscle—which has been inoculated with the virus. The muscle is filled with microbes which are easily recognized, because the attenuated microbes have almost the bulk, the form, and the appearance of the most virulent microbes.

But why is not the local disorder followed by death? For the moment let us answer by a statement of facts. They are these: The local disorder ceases of itself more or less speedily, the microbe is absorbed and digested—if one may say so—and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the microbe, the virulence of which is null, there is not even local disorder, the *naturæ medicatrix* carries it off at once; and here, indeed, we see the influence of the resistance of life, since this microbe, the virulence of which is null, multiplies itself. A little farther and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects, or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long—which in some cases may exceed a year—chicken cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of our manipulation—that is to say, in this interval of time which we have placed between two cultures, and which causes the attenuation—what occurs? I shall show you that in this interval the agent which intervenes is the oxygen of the air. Nothing more easily admits of proof. Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The microbe, in developing itself, will speedily take all the oxygen of the tube and of the liquid, after which it will be quite free from contact with oxygen. In this case, it does not appear that the microbe becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the microbe of the chicken cholera; that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in French call charbon, what you in England call splenic fever, and what in Russia is known as the Siberian pest, and in Germany as the Milzbrand?

In this new investigation I have had the assistance of two devoted young *savants*, MM. Chamberland and Roux. At the outset we were met by a difficulty. Among the inferior organisms, all do not resolve themselves into those corpuscle germs which I was the first to point out as one of the forms of their possible development. Many infectious microbes do not resolve themselves in their cultures into corpuscle germs. Such is equally the case with beer yeast, which we do not see develop itself usually in breweries, for instance, except by a sort of fissiparity. One cell makes two or more, which form themselves in wreaths; the cells become detached, and the process recommences. In these cells real germs are not usually seen. The microbe of chicken cholera and many others behave in this way, so much so that the cultures of this microbe, although they may last for months without losing their power of fresh cultivation, perish finally like beer yeast which has exhausted all its aliments. The anthracoid microbe in artificial cultures behaves very differently. In the blood of animals, as in cultures, it is found in translucid filaments, more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle germs distributed in series more or less regular along the filaments. All around these corpuscles matter is absorbed; as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ dust.

If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after a long exposure of these germs to contact with air. Recently we discovered them in pits in which animals, dead of splenic fever, had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead. Here I regret extremely to be obliged to shorten my remarks. I should have had much pleasure in demonstrating that the anthracoid germs in the earth of pits in which animals have been buried are brought to the surface by earthworms, and that in this fact we may find the whole etiology of disease, inasmuch as the animals swallow these germs with their food. A great difficulty presents itself when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid microbes. The virulence establishing itself very quickly—often after twenty-four hours in an anthracoid germ which escapes the action of the air—it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken-cholera. But was there, after all, reason to be discouraged? Certainly not; in fact, if you observe closely, you will find that there is no real difference between the mode of the generation of the anthracoid germ by scission and that of chicken-cholera. We had therefore reason to hope that we might overcome the difficulty which stopped us by endeavoring to prevent the anthracoid microbe from producing corpuscle germs, and to keep it in this condition in contact with oxygen for days, and weeks, and months. The experiment fortunately succeeded.

In the ineffective (*neutre*) *bouillon de poule* the anthracoid microbe is no longer cultivable at 45° C. Its culture, however, is easy at 42° or 43°, but in these conditions the microbe yields no spores. Consequently, it is possible to maintain, in contact with the pure air at 42° or 43°, a *mycélienne* culture of bacteria entirely free of germs. Then appear the very remarkable results which follow. In a month or six weeks the culture dies—that is to say, if one impregnates it with fresh *bouillon*, the latter is completely sterile. Up to that time life exists

in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days, eight days, etc., it will be found that long before the death of the culture the microbe had lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulences. Everything is similar to what happens in respect to the microbe in chicken cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture; in fact, since the charbon does not operate a second time (*ne récidive pas*), each of our attenuated anthracoid microbes constitutes for the superior microbe a vaccine—that is to say, a virus capable of producing a milder disease. Here, then, we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result; but what interests us more particularly, is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine, based upon the action of the oxygen of the air—that is to say, of a cosmic force existing everywhere on the face of the globe.

I regret to be unable, from want of time, to show you that all these attenuated forms of virus may very easily, by a physiological artifice, be made to recover their orginal maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known than it was very extensively employed to prevent the splenic affection. In France we lose every year, by splenic fever, animals of the value of twenty million francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words. Fifty sheep were placed at my disposition, of which twenty-five were vaccinated. A fortnight afterward the fifty sheep were inoculated with the most virulent anthracoid microbe. The twenty-five vaccinated sheep resisted the infection; the twenty-five unvaccinated died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demands of farmers for supplies of this vaccine. In the space of fifteen days we have vaccinated in the departments surrounding Paris more than twenty thousand sheep, and a large number of cattle and horses. If I were not pressed for time I would bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated by-and-by to the public. I cannot conclude, gentlemen, without expressing the great pleasure I feel at the thought that it is as a member of an International Medical Congress assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than small-pox is for man. I have given to vaccination an extension which science, I hope, will accept as a homage paid to the merit and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honor to this immortal name in this noble and hospitable city of London!

## EQUISETUM HYMENALE.

By Selden H. Talcott, M.D.

We have used this remedy at the Homœopathic Asylum in several cases where the patients have suffered from weakness of the bladder, and inability to retain their urine. The urine *dribbles away almost constantly, both from relaxation of the sphincter vesicæ, and from mental inattention* to the calls of nature. Among male patients, both old and young, the use of *Equisetum*, in the first decimal dilution, has been followed by invariably satisfactory results. Among the female patients, the remedy has produced some good effects, but not so uniformly as where the drug has been administered to males.

# *CLINIQUE.*

## A RARE CASE OF INTERNAL AND EXTERNAL HERNIA WITH RETAINED TESTICLE.

By Wm. Tod Helmuth, M.D.,
*Prof. of Surgery, N. Y. Hom. Med. College.*

At midnight, Nov. 18, 1880, I was summoned by my friend, Dr. Minton, to accompany him to Brooklyn to see a patient in a dangerous and peculiar condition. Upon arrival at the house, a cursory glance at the sufferer told that he was rapidly approaching the confines of mortality, and unless something was speedily done for his relief, he would soon overstep the dividing line and enter "that bourne from which no traveller returns." He was a fair-haired young man, aged probably about twenty-six, and was lying quite still upon his back in bed. There was great pallor of countenance, a cold beaded sweat upon his forehead, a sunken expression around the mouth, and a hazy look from the half-closed eyes, which latter, however, disappeared when he was spoken to, the light of life returning with the use of his mental faculties. The pulse beat 120 strokes to the minute, the temperature was 97° and the respiration 28 to 30. The history of the case was quite simple:—the patient had no testicle on the right side, and never had; the scrotum however, had been the seat of a oscheocele of considerable dimensions, which, however, always had been readily reducible, and for which from time to time a truss had been worn. The patient was employed as clerk in a trunk manufactory, and in endeavoring to lift a heavy portmanteau and place it upon a shelf higher than his head, he had suddenly felt something in the inguinal region "give way," which was immediately followed by a severe pain, sense of faintness, nausea, and finally vomiting, and apparent collapse. Upon carefully examining the parts, I found the left side of the scrotum was enormously distended, and was very rapidly turning that peculiar purplish-green hue, which is characteristic of gangrene; the patient was vomiting considerably from time to time, the substances ejected, however, being ingesta, but neither smelling nor looking like fæcal matter—but the general condition of the patient pointed to strangulated hernia, of which there appeared no doubt. After a little manipulation I found it easy to return the gut into the abdominal cavity, which indeed had been done once or twice before our arrival by Dr. E. T. Richardson. No sooner, however, had the intestine been returned, than upon any exertion of the body, or coughing, or retching, it would again protrude to be again as readily returned. Upon invaginating the scrotum with my finger, what was my astonishment to feel it readily pass into the abdomen, the two rings being open, and the canal shortened as we usually find it from the dragging of an old rupture upon the parts. After the return of the bowel, however, the scrotum did not diminish much in size and certainly not in color, but the vomiting ceased, and the patient appeared under the use of mild and not often repeated stimulus, to revive somewhat from his lethargy.

Certainly the case was not one of ordinary strangulated hernia—indeed there was the exactly opposite condition, a patulous condition of both rings, and a canal more open than usual—we therefore concluded to continue the use of *Veratrum*, and watch results. The next night however, a telegram summoned me again to the patient, and every symptom appeared so aggravated, that I determined to cut down upon the canal and into the scrotum, and see if I could find *there*, any cause for the symptoms—for I thought, as I have seen before in one or two instances, a little knuckle of gut might be turned up under Gimbernat's ligament, or that there might be a twist in the intestine within the canal, which even if the bowel were pushed into the abdomen, the convolution not being undone, the stricture would remain.

I therefore after some delay in getting the proper lights—it was one o'clock at night—and arranging them at as safe a distance from the ether as possible, cut down upon the canal, making an incision from the external (superior) pillar of the lower ring to the fundus of the scrotum. At the second cut which penetrated the scrotal sac, there followed a large gush of bloody serum, which for the moment startled me, fearful that inadvertently I had gone into the bowel. This, however, was not the case; and upon continuing the dissection, I came upon the intestine in the canal, which to my utter surprise, save a slight ecchymosis, appeared perfectly healthy and was without trouble placed into the abdominal cavity, but as I have already noted was with difficulty retained there. Still continuing the dissection higher, and exploring the cavity of abdomen with my finger, not only in search of obstruction, but for the testicle, I could find neither; and therefore closed the wound as usual, dressed it with calendula, and came home.

The next day the patient died with all the usual symptoms of obstruction of the bowels, including fæcal vomiting.

This case was quite a mystery to all and therefore a *post mortem* was demanded and after some persuasion obtained. I will pass over the usual *rigor mortis, etc.*, and say that the intestines all appeared healthy on their superficial surface, and the left testicle was (rather larger than normal) in its proper place in the scrotum. But the secret of the whole case lay in the following: the *right* testicle instead of passing as usual through the rings and entering the scrotum covered by its proper investment, had taken a directly *opposite* course, instead of going downward and *forward*, it had passed downward and *backward*, and taking with it an acquired pouch of peritoneum (in the same manner as the acquired hernia adopts to itself its peritoneal covering) it had gone behind the border of the iliacus internus, and there we found it, with its rudimentary cord extending over the roof of the bladder to the vesicula, and crammed in between it, and its covering was a small knuckle of intestine perfectly gangrenous, thus accounting for every symptom, save the bloody serum within the *tunica vaginalis*, which in all probability was hydrocelic. I place this case on record, because it is rare, and may be of service to others when difficulty surrounds (as it very frequently does) the diagnosis of a case of hernia.

## BENZOATE OF SODÆ,

### In the Treatment of Catarrhal Phthisis and Purulent Infiltration of the Lungs, Following Lobar, or Lobular Pneumonia.

By Burk G. Carleton, M.D., New York.

While reading the August number of the New York Medical Times, my attention was called to the following article: "Benzoate of Sodæ —Dr. Guttman's theory of treating phthisis with inhalations of this drug, on the ground that tuberculosis is a contagious disease of a parasitic nature, occasioned by microscopic organisms, which can be cured only by agents which destroy the organisms, has been ably discussed by the Medical Society of Berlin, and shown to be unsound. Investigations do not confirm the parasitic theory."

By this, we believe that most readers would think that the Berlin Medical Society did not favor the use of Benzoate of Sodæ in the treatment of phthisis. Although we do not believe with Dr. Guttman in the parasitic nature of any form of phthisis, yet we do believe in the efficacy of this drug in catarrhal phthisis and purulent infiltration of the lungs, following lobar, or lobular pneumonia. That it has no apparent palliative or curative effect upon true tuberculosis or fibrous phthisis, recent investigations have left no question in our minds.

Having treated a large number of cases of catarrhal phthisis at the Ward's Island Homœopathic Hospital, and in private practice, and made about one hundred post-mortem examinations in which this disease caused death, this, with various researches which we have made, has convinced us that catarrhal phthisis is a simple inflammatory lesion of a portion or all of the pulmonary tissue; but when we come to treat a given case, after it has passed the first stage, we have found, almost without exception—no matter how carefully we studied our materia medica, and paid special attention to the hygienic surroundings of our patients—the health became gradually undermined, and finally they died.

From this, we came to the conclusion that if our pathological anatomy was correct, we must either become better acquainted with our old drugs or make the acquaintance of some new ones. At this point the Benzoate of Sodæ was brought to our attention; and, although we had no provings of it, we thought well of giving it a trial, the results of which were more than our most sanguine expectations had dreamed of.

Perhaps the clinical history of two or three cases would be more interesting than a resumé of many; allowing you to draw your own conclusions as to the merit or demerit of this drug.

*Case I.* E. D., male, æt. 5. Purulent infiltration of both lungs, following lobular pneumonia, probably caused by the application of ice bags to head and neck during a severe attack of cerebro-spinal meningitis. On account of the feeble state of the system, caused by the last-named disease, the pneumonia and its complication advanced rapidly; and although we administered the remedies which we thought most homœopathic to the case, the child grew worse from hour to hour. At this time the muscular tissue was reduced to a minimum; the adipose tissue had disappeared, and was, in truth, skin and bones; very anæmic; ears translucent; eyes glassy; face pale, pinched, and drawn across the malar bones; feet swollen, could not move them; constantly picking in the air with his fingers; no appetite, nothing would induce him to eat, had subsisted on injections of beef tea and brandy for the three previous days; fecal matter and urine had passed involuntarily for a number of days. When he slept it was with eyes half open; cough hollow and rattling, at times dry, hacking, and harrassing; expectorated but very little, although the lungs appeared to be full of mucus; examination of expectoration revealed pus and mucus corpuscles, broken-down fibrinous and lung tissue. Respiration about 35 per minute; pulse varied from 120 to 160 per minute. Hectic fever in afternoon, followed by marked night sweats, great irritability, and pevishness. Physical examination of the chest verified the diagnosis of purulent infiltration of a lobular pneumonia of both lungs, the signs of which it is unnecessary to reiterate.

Four grains of this drug, dissolved in one-half teaspoonful of glycerine and two of water, was administered every five hours, and a teaspoonful to two ounces of water was dissolved in the medicine glass of a Codman & Shurteff's steam atomizer, and inhaled three times per day. Within thirty-six hours after this treatment was commenced, the patient exhibited signs of improvement. Appetite first returned—this, in my experience with the drug, has without exception been the first sign of improvement—and at first was almost ravenous; stools passed naturally; cough and expectoration diminished; urine became natural; child lost its cross and pevish condition; strength of limbs gradually returned; lungs returned to normal condition; cavities healed, and in nine weeks patient was walking around the house—lungs as apparently healthy as at any time of his life.

*Case II.* Miss E., æt. 14, had suffered with catarrhal phthisis of left lung for two years, and had been so diagnosticated by three physicians. At the commencement of the treatment there was consolidation of upper half of the left lung, with evidence of fatty degeneration of the indurated lung, with the formation of vomicæ. Twice, during her illness, had suffered with hæmorrhage; sputum offensive, and when spat into a cup the

masses remained distinct; cough hollow and racking; hectic fever, night sweats, etc., etc.—in fact, all of the marked symptoms of catarrhal phthisis. Inhalations of a teaspoonful of the Benzoate of Sodæ to two ounces of water, by the means of the Codman & Shurtleff steam atomizer, three times per day, without other medication, cured the case in six months.

*Case III.* Miss B. E., domestic, Irish, æt. 20, resident of this country one year. During this period had not menstruated, but during this time had been troubled nights and mornings with a short, dry cough, which was neglected, and constantly grew worse.

At the time this drug was administered she had a loose, hollow cough, brought on by exertion or talking; had to rest on going up stairs; dyspnœa from the least exertion; expectoration purulent and offensive; great emaciation; had fallen in weight during the year from 150 to 96 pounds. When walking or standing stooped considerably; hectic fever; profuse night sweats; tongue a little coated at the base; appetite very poor. The lady with whom she lived said that she did not eat anything, and that delicacies did not tempt her even to a small degree. Pulse 120. Various remedies were administered, but she grew worse. We advised her to return to Ireland, but while waiting to make necessary arrangements we gave her four grains of the Benzoate of Sodæ, dissolved in one-half a teaspoonful of glycerine and two of water, every three hours. To our surprise, she did not return, but in about six weeks we were called to the family again, when she informed us that after taking the powders for about a week, her appetite returned. Cough disappeared in three weeks; has been gaining in flesh rapidly; dyspnœa does not trouble her; pulse 80; menses have returned; in fact, said that she was cured.

From these cases—and we might mention others—we believe that the remarkable changes were due entirely to this drug. Unfortunately, we know of no provings of it, consequently we will not say that it is homœopathic to this form of disease. We do not believe that it is a specific, but that it will cure a certain proportion of the cases of catarrhal phthisis which we are called upon to treat, there is no doubt in our mind.

## TRANSLATIONS FROM GERMAN JOURNALS.

By F. G. Oehme, M. D., Tompkinsville, S. I., N. Y.

Phosphorus for Alopecia.—A country girl of 13 years had not a hair on her head for the last five years. Six years ago, round, hairless spots appeared, which grew larger till there was no hair left. As *Phos.* has removed, frequently, hairless spots, this remedy was prescribed. She received *Phos.* 30, three doses in intervals of fourteen days. In six months the head was covered with thick, dark blonde hair, of six centimeters' length.—*Allg. Hom. Ztg.*, 102, 93, *H. Sager.*

Cuprum Met. in Hyperæsthesia of the Spine.—A girl of 18 years, not very strong, with dark hair and brown eyes, and of a good-natured disposition; has been sick for several weeks. Allopathic treatment ineffectual. She has a tearing, at times jumping, pain in the whole right arm, but especially in the metacarpal bones of the right hand. There are similar pains also in the left arm, but generally not so severe; also in the lower extremities, but worse in the right. Frequent and very painful jerking in the legs, but much worse in the right—tormented her almost continually. The spinal column, from the sixth verterbra almost the whole length down, was very sensitive and exceedingly painful on slight pressure. The patient recollects now that her spine was painful before she had any pain in her limbs. No fever. *Cuprum met.* 6, morning and evening, one dose. Improvement on the second day. On the fifth day she left her bed. Complete cure in twelve days.—*Ibid.*, 130, *Hirsch.*

Indications for Sepia.—Persons with dark hair; great inclination to perspiration, especially on the back, in the armpits, between the mammæ, on the sexual organs (of males or females); yellowish or pale face, with dirty-brown spots around the mouth and on the forehead; hot flashes in the face; disposition to neuralgic affections; pain in the forehead or occiput, especially in the morning on awakening, frequently disappearing after rising, seldom worse towards evening, frequently with nausea and vomiting; or heaviness of the head on awakening—unrefreshed sleep. The headache is seldom daily, mostly at intervals of seven or fourteen days. The patients feel generally better when in motion, but when they are very weak they are frequently deceived, and say that they feel better in rest. During the attacks of pain they seek quiet and repose; at other times restlessness, which forces one to get out of the chair and walk about. Complaints about stiffness after rising from sitting, it takes time to get limbered up; warm air indoors and outdoors is unbearable, also fog, likewise north and east wind (in Germany they are dry, cold, and raw); sour and fat food does not agree. The remedy has a special relation to the liver and the ducts of the bile (white stool and dark urine), to the vulva, womb, vagina, and ovaries. Fluor albus after, between, or before the menses; colic or increase of all complaints during the last three or six days before the menses. The pain in the stomach is *burning, stinging,* pressing, contracting, etc.; it appears frequently in the morning on awakening, or in the forenoon or evening, either immediately after eating or one-half or two hours afterwards.—*Ibid.*, 140, *Kunkel.*

Indications for Lycopodium.—Venous constitution; liability to varices on the lower limbs; to varicocele; to bleeding, for instance, of the kidneys; to formation of gravel or stone. In older people, enlargement of the veins in the face and blue lips, as if there was an impediment in the circulation. In childhood, bad smelling eruptions on the head, especially occiput. Liability to eruptions on the skin, to easily-bleeding ulcers, to dry, parched skin. *Lyc.* has especial relation to the liver; chronic diseases of the liver; in the later stages of pneumonia, or in after diseases. It is a principal remedy for flatulency, especially when it appears in the afternoon, with liability to congestion of the head and heat of the face, but cold or wet and cold feet. Very warm rooms, especially with bad air, wind, rain, fog are unbearable. The patient, while asleep, lies on his back, with the head much raised up; he dislikes to cover up his head warm. Complaints caused by too confined sitting or much eating. Very characteristic is the increase of all complaints between 4 and 8 o'clock. The pain is pressing, contracting, tearing, especially in the afternoon, or nights before midnight; passing of gas up or down relieves. Liability to acidity of the stomach or sour vomiting.—*Ibid.*, 155.

Cancer of the Breast—(Return).—M. Després (*Le Prog. Med.*) recalled a case where the cancer reappeared nine years after removal, coming outside the cicatrix. M. Delens cited a case where the interval was five years. M. Le Fort did not endorse the opinion of M. Després, that suppuration was necessary in order to prevent a relapse. He thought that the duration of an inflammation, which a long suppuration necessitated, could only favor the return of certain forms of cancer, as, for example, epithelioma. Reunion by first intention was certainly to be preferred, whenever possible. M. Lucas-Championnière thought that Listerism, which sought for and obtained union by first intention, had shown that relapses were not more frequent or premature when suppuration was avoided. M. Gillette thought the rule which fixed one year as the return epoch was too absolute. He knew of several cases where the interval was much greater. One case, among others, that of an open cancer in a diabetic patient, was cured in three weeks; no symptom of return at the end of two years. (T. M. S.)

# New York Medical Times.

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*"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

## "HE BEING DEAD, YET SPEAKETH."

The human life whose influence for good is bounded by the narrow span which stretches from the cradle to the grave, only partly fulfills the object of its being. He only is great who leaves the imprint of great deeds, of noble thoughts, or of a pure and simple life, not on the sands of time to be obliterated by every passing wave, but deep graven in the heart, influencing for good, in circles larger or smaller, according to his position and surroundings, generations yet to come.

James A. Garfield though dead yet speaketh, and will speak as long as the Great Republic shall live. The lessons of his life, from boyhood to manhood, from the little cabin where he was born to the Executive Mansion of a great nation of which he was the beloved and almost idolized chief, will never be forgotten.

In the long future will be remembered the honest, manly, sturdy, unselfish boy, who, amid all the trials of poverty, never swerved from the line of manly rectitude, but toiled on, overcoming every obstacle, ever in the front, where good was to be accomplished, his words of cheer and wisdom, his noble councils, his strong arguments for right sounding high and clear above the din of parties, above the roar of turbulent passion. He has brought out in such bold relief, that the lesson will never be forgotten, the manly fortitude, the courage, the unshirking devotion to duty, which flow from a mind cultured, harmonious in its workings, ever drawing strength in the pure atmosphere of a home where the tenderest affections centre.

*Requiescat in pace!* Life's battle is over, but the great lessons taught, and the good accomplished will live and bear rich fruit in the generations yet to come.

When the history of the surgical treatment of the case is fully before the public, in all its important details we may have something more to say, but at present it is so mixed up with unreliable reports and hearsay testimony that we can form but little opinion of what the result might have been if the case had been treated from the standpoint of a correct diagnosis.

## STATE SOCIETY MEETING.

The semi-annual meeting of the Society was held at Watkins, Sept. 6th and 7th, with a very good attendance of members, considering the intense heat of the atmosphere which prevailed at the time.

Dr. B. F. Grant, of Bath, welcomed the Society in behalf of the local organizations and President Talcott responded. He said, among other things, "I do not wonder at the warmth of your welcome. The Swiss are brave, because the dangers of their mountain passes inspire and breed courage. The men of Maine are stout of heart, because of their associations with those emblems of strength, the mighty giants of their native forests; and the disciples of Hahnemann, who dwell here or hereabouts, are great-hearted, and bubbling over with good feeling, because of this western Eden in which God has permitted them to luxuriate, and because of the delightful and soul-inspiring scenery by which they are surrounded. What mightier stimuli could there be to inspire such generous and kindly impulses! Your meeting, therefore, is the result of the imperceptible and mysterious operation of a natural law. Your interpretation of that law is both masterly and overwhelming. May your lines continue to fall in these pleasant places. We have found at last the right men in the right place, and we have come to visit you and enjoy with thankfulness your lavish bounties."

Dr. Talcott then briefly addressed the Society. He spoke first of the fact that the spirit of harmony, like a white dove, was beginning to hover over the Society, and with it prevailed a determination that these harmonious conditions should remain and become permanent. Again he spoke of the increased interest manifested in the meetings, as evidenced in the long list of papers that had been this year presented to the Society. He suggested that these articles when printed would form a valuable volume, and urged upon the members the duty of sending in their subscriptions to the treasurer, Dr. Coburn.

Dr. Talcott alluded also to the young blood which is being infused into the Society's veins. "This vigorous element," he said, "combining as it does energy, enthusiasm, faith and spirit of hopeful and progressive investigation, must surely determine a bright and prosperous future, commensurate with the glory of the past." He spoke of the law of similars, and argued that sufficient work and sufficient possibilities lay in the further development of that law. Against all assaults from opponents the law remained undisturbed and unshaken in its force, because it is a law of nature. He spoke of the hard work necessary to a proper understanding and application of this most comprehensive law in medicine, and declared that the reason why so many sought easier methods for curing the sick, is the difficulty they experience in arriving at a proper understanding of the best methods. In conclusion he referred to a fear that has been expressed that homœopathy may cease to be a distinctive feature in medicine, because a rival school is trying to gather sustaining nutriment from our grounds without acknowledging the source of the spoils. He

regarded the fears as a groundless one. He likened homœopathy to a never failing fountain. Hahnemann discovered it, and homœopaths are now in full possession of it. It is only the overflow that is caught up and utilized by the wandering tribes. The real grounds for apprehension are apathy for the cause and dissensions in our own ranks. He urged the members to rouse from their lethargy of indifference; to work together in harmony for the general good; to stand fast by their colors, and to go on undismayed in the path of duty."

The meeting is said to have been thoroughly harmonious, and the discussions were full, practical, interesting and free from any trace of bitterness. The list of papers is unusually long, and their reading was attentively listened to and enjoyed. It is proposed to issue a volume covering the proceedings at an early date, and the profession are urged to lend their aid to this end.

The following appropriate resolutions were unanimously adopted:

*Resolved*, That we desire to express our participation in the present national solicitude regarding the condition of the beloved president of our common country, and our hope that a world-wide petition to Almighty God for his recovery may be speedily answered.

*Resolved*, That any barrier raised to prevent professional conference between medical gentlemen of reputable position, who are graduates of legally authorized medical schools is a reproach to a free and intelligent people.

## LONGEVITY.

M. de Solaville contributes to the *Revue Scientifique* a valuable article on this subject, in which he brings together some of the most recent data. He analyses the results of recent European censuses by ages, and the register of deaths also by ages. If we strike a mean of the census from 1869 to 1872 we find that Europe (exclusive of Russia, Turkey, and some small Southern States) possessed in 1870 a mean population of 242,940,376, classed as follows from the point of view of advanced ages:—17,313,715 of more than 60 years, 79,859 of more than 90, and 3,108 of more than 100 years; *i.e.*, 1 inhabitant in 12 of more than 60, 1 in 2,669 of more than 90, and 1 in 62,503 of more than 100. Women, M. Solaville finds, are more numerous in extreme old age than men, and the difference increases with the age. Thus at 60 years the advantage is with the women in the proportion of 7 per cent.; at 90 and above it rises to 45, and with centenarians to 60 per 100. It is in France that we find the greatest relative number of inhabitants at the age of 60 and upwards; but it is not so for centenarians, of which France has less than all the other States of Europe except Belgium, Denmark, and Switzerland. From a calculation of deaths by ages the result is reached that, to the total deaths, those at the age of 90 and upward bore the following proportions to the countries named, and arranged according to the decreasing order of importance; Great Britain, 9.73; Sweden, 7.39; France, 6.58; Belgium, 6.07; Switzerland, 6.00; Holland, 4.47; Italy, 3.76; Bavaria, 3.42; Prussia, 3.06; Austria, 2.61. The result is in accordance with what we know of the mean age of the deceased in the same countries.

As to whether great longevity is increasing or diminishing for the same number of inhabitants, our data refers only to France.

If we take two periods sufficiently distant from each other to allow a change of any importance to be produced, we find, in the 14 years of the period 1824–37, a mean annual number of deaths among centenarians of 152, or 1 to 217,105 inhabitants. In the eight years of the period 1853-60, we only find a mean annual number of 11 centenarian deaths in a population which has increased 20 per cent. But if great ages appear to have diminished the mean life has very sensibly increased, a result much more favorable. A certain number of centenarians have made known their regimen. Notwithstanding some very rare examples to the contrary we must place in the first rank temperance, sobriety, and regular habits; then come hereditary, relative comfort, the absence of strong and pregnant emotion, as far as possible a country life, and finally a healthy and quiet calling.

## EDITORIAL COURTESY.

"We are obliged to confess to a feeling of thanksgiving, which is especially active and profound, that the President has shown the good sense to deliver himself from that—doubtless very estimable—female homœopathic physician, Mrs. Dr. Edson. She is reported to have been Mrs. Garfield's family doctress and was retained as a nurse in the present case, presumable because the President did not wish to hurt the feelings of his wife. Mrs. Garfield's devotion has been great and her gruel unexceptionable, but she can hardly expect the mass of her loyal subjects to admire entirely a character which endorses female homœopathy."—New York *Med. Record*, *Sept.* 17, 1881.

We clip the above from the leading medical journal of the old school to show the animus, the courtesy, and the gentlemanly instincts of an editor who presides over a journal which claims to reflect the opinions of the best men of his school. Could anyone outside of these leaders of professional opinion of the old school by any possibility mistake for a gentleman or one who had ever associated with gentlemen, a man who can see nothing in the soul absorbing love, and that womanly devotion which watches through the long weary days and nights by the patient, suffering chief of a great nation; her husband, her children's father, choking back the bitter tears, and holding in the strong grip of a will made heroic by love, but simply a "maker of unexceptionable gruel, a character which endorsing homœopathy we can hardly be called upon to admire?"

Is there no limit to the scurrility of these leaders of professional opinion of the old school, no sense of fitness and no trace of gentlemanly feeling in the presence of the suffering wife and mother? Are their beastly instincts so overmastering that no blush of shame can tinge their brazen cheeks? Let them go to the sinks and slums of the city, to the outcasts from humanity, and learn something of that courtesy and decency which is supposed to exist among the most debased.

## THE HEALING POWER OF FAITH.

A writer in the *Saturday Review* says: This healing power of faith, which doctors are day by day admitting more as a reality, throws light on the popularity of the miracle wells and healing shrines on the continent, and forbids us to condemn as mere random lying the tales that are told of the astonishing cures effected by them. There are many such pilgrimage wells in Scotland cited by Mr. Gregor, although their healing efficacy was supposed to be an inherent virtue in the water and not dependent on the favor of a saint. Some of these wells were surrounded by stones shaped like the several parts of the human body, called the "eye-stone," the "head-stone," and so on; and it was a necessary part of the treatment, after washing with water, to rub the part affected against the stone that bore the same form. This is the superstition of the Vui-stone in the New-Hebrides. Some offering was always left behind by those who tried the curing powers of the waters, even if it were only a rag from the patient's clothes. These tributes were hung up near the well, and everyone abstained from disturbing them, as it was believed that whoever did so would get the disease that had been cured in the former patient. Just the same sort of thing was done as early as the time of the Romans. Votive offerings of hands, feet, almost every part of the body, have been excavated in the island sacred to Æsculapius in the Tiber. The mode of cure in vogue then, however, was for the patient to go to sleep on the sacred spot, when it was revealed to him in a vision what he must do to insure recovery. Among the cures for the whooping-cough, which are very numerous and improbable, we do not observe one which was in favor in some parts of Scotland. This was to sew a living caterpillar between two pieces of flannel, and wrap it round the patient's throat, leaving room for the animal to crawl round. By the time the grub died the whooping-cough was cured. Three roasted mice were an infallible cure for the whooping-cough. The same remedy is still much esteemed in Norfolk. There, however, swallowing one mouse is considered enough.

The charming of warts is one of those perfectly unreasonable modes of cure that often prove efficacious when medical treatment fails. Dr. Carpenter cites as an instance of this strange truth the case of a girl who was cured of twelve warts by a friend who merely counted them, and then with an air of importance wrote the number down on a paper, assuring her by Sunday they would all have disappeared. And so it proved. By the day named they were all gone, though the girl's father, himself a surgeon, had before tried to remove them with caustic and other applications in vain. If so very simple a prescription was enough to charm away a dozen of these, unpleasant excrescences, we cannot wonder that the more elaborate forms of exorcism here enumerated should prove equally efficacious. In Switzerland the approved mode of charming a wart is to rub it with a snail, and then put the snail on a thorn bush. Indeed, charm cures for other diseases are not by any means obsolete. In Yorkshire it is still believed that a set of mole's feet tied in a bag and worn round the neck keeps away cramps. And it is quite accepted as a fact by some persons that to carry a potato in the pocket secures immunity from rheumatism. These cures like the miracle wells, prove the power that the will, if concentrated in sufficient force, has to cure any local affection of the body. The most remarkable case of this on record is the way in which the Prince of Orange cured the garrison of Breda of the scurvy by sending them a small phial of a decoction of cammomile, wormwood and camphor. It was diluted with a gallon of water to every three drops of the tincture, and served out as medicine to the sufferers, who from that day began to recover.

## QUEBRACHO IN DYSPNŒA.

Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, of the Therapeutical Society of New York, gives, in the September issue of the New York *Medical Journal* and *Obstetrical Review*, an interesting report of the effect produced by *Quebracho*, given by several members of the Society, for dyspnœa, occurring in different troubles of the chest. The Aspidas perma quebracho is a tree found in the Argentine Republic, where the local name is *Quebracho blanco*. The bark is used by the natives as a remedy for malaria and asthma. The *Quebracho Colorado* of commerce is an entirely different tree, possessing no particular remedial properties.

Dr. Penzoldt, while investigating its antipyretic properties, in 1879, accidentally discovered in it a remarkable power to retard the pulse and respiration, and to relieve dyspnœa. Upon the animals to which the drug was given the effects were not always the same. In frogs there was a complete motor paralysis, of central origin, respiratory paralysis, and slowing of the pulse. In rabbits and dogs motor paralysis, and dyspnœa resulted, increasing in proportion to the dose employed. In the rabbit the respiration was retarded, and rendered deeper, while in the dog it was quickened. In dogs, as in some human subjects, salivation was produced.

In testing the antipyretic action of the drug, in a case of pleurisy and emphysema, Dr. Penzoldt found that while the fever was not diminished, the dyspnœa under which the patient was suffering was notably relieved. Following this hint, he tested the drug in dyspnœa from a variety of causes, with highly satisfactory results. An abstract of his paper was published in the *Medical Times and Gazette*, in July, 1879, and *New Remedies*, April, 1880, also published an article upon the subject.

Dr. Barthold, of Dresden, reports several cases in which he obtained highly satisfactory results. In one case of spasmodic asthma, the respiration fell, after using three doses from 64 to 30, with general improvement of the symptoms. In mitral stenosis and incompetence, as also in fatty heart, the relief to the dyspnœa was marked. In chronic bronchitis, and in the latter stage of phthisis, the result was in the main unsatisfactory, although occasionally the relief was marked.

Dr. Picot, of Carlesruhe, obtained good results in three patients—with catarrhal pneumonia, bronchial asthma,

and cardiac disease—in which dyspnœa was marked. He experimented upon himself three successive days, in climbing mountains, the barometer and thermometer being alike on all the days, ascending the same height in the same period of time each day. He found, without *Quebracho*, his respiration rose from 16 to 42, and his pulse from 64 to 94; while with *Quebracho* the respiration only 30, the pulse 80, and his condition was every way more comfortable.

The Society presented reports through its various members, of thirty-two cases in which the drug had been given, usually in half-drachm doses, repeated several times a day. Eleven were of spasmodic asthma, with or without emphysema and bronchitis. In nine cases the dyspnœa was relieved. In two cases of asthma, associated with bronchitis, no benefit resulted. One case, of emphysema and bronchitis without asthma, was relieved. One case of bronchitis with obesity was not relieved. One case of mitral stenosis was not relieved. Two cases of Mitral insufficiency was not relieved. One case of hypertrophy with dilation was not relieved.

In two cases of cardiac disease the dyspnœa was relieved. In one case of fatty heart there was slight effect. Two cases of Bright's disease, in one of which there was pulmonary œdema, were relieved. In one case of aortic aneurism the dyspnœa was relieved till near the close. In one case of tonsillitis the dyspnœa, partly nervous, was relieved. One case of cancer of the lung was relieved. In two cases of pneumonia, one of hysterical dyspnœa and one of phthisis in the second stage, the dyspnœa was relieved.

Of the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, it was relieved, to a greater or less extent, in twenty-one cases; not relieved in ten, and aggravated in one case.

It is to be regretted that a body of intelligent men should have resorted to so crude and unscientific a method of getting at the specific action of a drug. We really learn nothing from all the experiments of the Society of the peculiar pathological conditions represented in the delicate shading of symptoms, in which the drug can be prescribed with a tolerable certainty of success. At present, so long as the one symptom of dyspnœa is present, the drug is fired at it without regard to the pathological condition, and therefore frequently either fails to hit the mark, or simply acts as a palliative. Still, we are furnished by these experiments with hints for that systematic and scientific proving to which drugs are subjected in our school, and without which they are simply used empirically. When the pathological conditions are noted in the animal who has been placed under the full action of the drug, and compared with the symptoms evolved by its use on the healthy organism and the results of clinical experience, we get something like a scientific and reliable picture.

One great difference between the old school and the new is, they learn from pathology how to diagnose the peculiar conditions of the system in the various stages of disease; we go one step farther, and learn from the pathological changes which are pictured to our minds during life by symptoms, and after death revealed by the knife, how to select the appropriate remedy whose drug action we have already learned. The old school, with all their care in pathological studies, stop just short of the point for which all these studies are of use, and prescribe empirically. The new school add to these studies a careful knowledge of drugs, and, linking them both together, make one the stepping-stone for the scientific administration of the other.

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## OUR DEAD PRESIDENT.

Since our last, the country—and we might say the whole civilized world—has been thrown into sincere mourning at the loss of its most illustrious patient. Now that it is all over, we ought, as philosophers, to seek those lessons which will make our lives the better for living, and which may throw light upon future possibilities.

A writer in the *Evening Telegram* well says that:—

The repeated and brave rallies of President Garfield's constitution from the terrific experience to which it has been subjected, present a lesson which the medical fraternity would do well to remember. The influence of this already celebrated case in familiarizing the public with the terms and symptoms of surgical and medical practice, has been frequently noted. Through the medium of the universal interest in a particular case, the doctors have been constrained to let an eager and keen-witted public into some of the Elusynian mysteries of their craft. The people undeniably have learned a good deal from the doctors during the past eight weeks. It is to be hoped that the doctors in their turn have learned something from the people. A reciprocity of benefits is no more than fair. The only sort of sense that the medical fraternity is apt to lack is plain common sense. Public opinion, which has dictated all the more radical and important reforms in medical practice during the past century, may have something to say to which the doctors must listen, concerning the President's case, when all is over. With the strictly surgical aspects of that case, the public probably will not assume to deal. Surgery, although not a perfected, is an exact science. Medicine is not. There are, therefore, no schools in surgery, while in medicine, as in theology, the multiplicity and wide diversity of the schools leaves the laity a corresponding range for the play of individual judgment, if not some field for rational skepticism. The history of medicine prepares the popular mind for apprehending at any moment an entire overturning of the latest and most advanced theories and systems. Some forty years ago the twin barbarities of blood-letting and Calomel received their death blow. Twenty years later the systemized cruelty of depriving fever patients of cold water was reversed. These most essential reforms were forced upon the medical fraternity by public opinion. The Sangrados of the preceding century only stopped their ignorant murdering when their victims rebelled, and refused to be murdered any longer. It is now admitted that the death of Washington was hastened by their vicious practices. It will not do, therefore, for the doctors of the present day to maintain that a tribunal enlightened only by the dictates of common sense is incompetent to pass judgment on their work. It has so happened that President Garfield, at every point where his physicians—having given him up, or having been deterred by the protests of outraged nature—have slackened or stopped their administration of drugs and anæsthetics, he has stultified them all by beginning to mend. The common sense of the common people may, perhaps, go no further than to ask what might have been the

present aspect of this case had the stomach—the admitted seat of all curative powers—remained undesecrated and unparalyzed by this monstrous flood of drugs. At all events, the popular restiveness with President Garfield's medical treatment is in a measure justified by the fact that Mr. Charles O'Conor, the Prince of Wales, and other notable patients, did not begin to get well until their respective councils of eminent physicians gave them up and began to let them alone.

While we do not quite agree in the abstract with this writer, that medicine is not an exact science, still we will admit that the practice of medicine based upon such data as furnished the indications for the selection of remedies in this case were anything but scientific! As we have said before, we could not see the slightest indication for the medication employed, and we will challenge the strongest organism to withstand such treatment with impunity!

We regret exceedingly that some of the remedies for the prevention of blood-poisoning and for the promotion of healthy granulation, which have proved so efficient in the hands of practitioners of our school, could not have been tried, and there was a strong reason why the opportunity should have been vouchsafed by those in attendance upon this particular case!

It would have been a most graceful and tender compliment to the devoted wife under the circumstances, for the attending surgeons, knowing her predilections in respect to the strictly medical part of the case, to have offered some plan by which the practice of her own adoption, and in which it is fair to suppose she has confidence, could be tried in this almost hopeless case. But the ethics of the self-styled regular school would not admit of this and we were compelled to abide the result

Of course it cannot be determined how much the frequent bruising which the track of the wound underwent by the daily introduction of the probe, may have had to do in causing the fatal hæmorrhage, or how much the antiseptic treatment may have had to do with the metastatic abscesses which occurred in different localities. These are subjects about which the members of the profession will have different opinions.

Dr. Frank H. Hamilton has made public the following statement which we deem of sufficient importance to reproduce in this connection. He says:

So far as I am informed, the testimony is conflicting as to the relative positions of the President and the assassin when the pistol was fired. It is now rendered probable that the assassin stood well to the right and slightly in the rear of the President. The ball entered about four inches to the right of the spine, penetrating and comminuting the eleventh rib entering the intervertebral substance between the last dorsal and the first lumbar vertebræ, and, passing obliquely forward, emerged at a point near the centre of the first lumbar vertebra in front, and was found some distance to the left of the vertebra at the lower margin of the pancreas—being situated nearer its posterior than its anterior surface—wholly without the peritoneal cavity. It is unnecessary to say that the course of the ball, after penetrating the rib, was not determined until after death. I saw the patient on the morning of July 4th, in consultation. We were then informed of the manner of the accident, and that on the receipt of the injury the President had fallen to the floor, sinking down to the right side; that, being interrogated, he complained of pain in his right ankle, and subsequently, in the course of the day, of a similar pain in his left ankle, which pains had been promptly relieved by the hypodermic injections of *Morphine*. He vomited immediately after the receipt of the injury, and in the course of the day his urine had to be drawn once by the catheter. There was not when first seen by myself, nor has there been at any time subsequently, any apparent loss of power in his lower extremities, or diminution of the natural sensibility at any point. The pains in his ankles, however, were accompanied with hyperæsthesia of the integument; and a few days later it was observed that there was hyperæsthesia of the integument of the right side of the scrotum. All of these symptoms—the pain and the hyperæsthesia—disappeared wholly in the course of the first week or two, and never returned, On the morning of the 4th of July, the patient being partially under the influence of *Morphine*, was not suffering pain, the bowels were tympanitic, and the pulse was feeble. At the first consultation, the question having arisen as to the probable course of the ball, it was stated that Surgeon-General Wales, of the Navy, had on the day of the receipt of the injury introduced his finger to its full extent, and that he had declared that it penetrated the liver, the structure of which he recognized by its granular feel; and Dr. Bliss stated that he had introduced a probe about three inches, which seemed to have passed in the same direction. This testimony was regarded sufficient to determine that the ball was at least beyond our reach, and beyond the reach of safe exploration. Dr. Woodward had introduced his finger sufficiently deep into the wound to determine that the rib was broken. Finding upon personal examination and inspection that the track of the wound was completely closed by a firm clot, I refused to make any further exploration.

UNCERTAINTY ABOUT THE BALL.

From this time forward great uncertainty existed in the minds of the medical attendants as to the actual course and presence of the ball. On the 24th of July, and after the complete subsidence of the tympanites, a circumscribed point of induration was discovered in the right iliac fossa, which at once led to a suspicion that the ball had been deflected, coursing along the anterior surface of the lumbar muscles, and that this induration indicated its present seat. This suspicion was sustained by the hyperæsthesia of the right side of the scrotum, which, as Prof. Weisse had already shown in his anatomical observations, would be the natural result of an injury of the ileo-inguinal or ileo-hypogastric nerves, which lie in the course of the then supposed track of the ball. Still further confirmation was added when, on the 27th of July, we found that a flexible catheter could be carried downward in the direction of the supposed situation of the ball to a distance of seven inches. The point of induration in the right iliac fossa gradually moved downward and became more hard and defined, conveying the impression that it was the ball and that it was encysted. At the autopsy, it having been determined that this was not the ball, further examination of the channel in this direction was not prosecuted. Indeed this induration had entirely disappeared after death, and it is now presumed that it only indicated the lower end of the long sinus already described.

About this period a small pouch of pus was formed in connection with the main channel, extending underneath the integuments of the back, causing rigors which were at once relieved by a free incision; and a little later rigors followed in consequence of the temporary obstruction of the channel caused by the floating of a small fragment of the rib into the orifice, which were relieved on the removal of the fragment.

On the 8th of August great difficulty having been experienced in the introduction of the drainage tube into this long suppurating canal, an incision was made below the twelfth rib, the patient being under the influence of ether. About a week later the stomach of the President became exceedingly irritable, and it was found

necessary to suspend alimentation by the mouth, and for three or four days he was nourished only by enemata. On the fourth day after the suspension of alimentation by mouth, the right parotid gland began to enlarge (August 17th), and on August 24th suppurated, and was incised, the first incision giving exit only to a few drops of pus. Subsequently it opened into the mouth and meatus auditorious externus, and three or four incisions were made at different points on the surface for the exit of matter. At the time of death the suppuration and swelling of the parotid gland had almost entirely disappeared.

DEVELOPMENT OF BRONCHITIS.

Following the parotitis there was a gradual development of bronchitis in the right lung; and finally a broncho-pneumonia of the lower portion of the right lung, indicated by well defined dulness and a total absence of the respiratory murmur in that region. From this time until the period of his removal from Washington there are no events of striking interest worthy of being related in this brief summary, except the alarming weakness and great somnolency of the patient, which occurred on the 24th, 25th and 26th of August, and which led to an apprehension that a fatal issue was at hand. The patient was evidently suffering from atmospheric influences, the heat being intense and oppressive, and most of the time the air being motionless, so that a leaf could not be seen to stir upon the trees surrounding the White House. There was no evidence, however, at any time, that the patient suffered from malaria having its source in the house drainage or the marshes in the vicinity, and which latter at a later time in the season had always been regarded as pestiferous. His removal to Long Branch occurred on the 6th of September, and was effected without injury or discomfort to the patient, with only a slight amount of fatigue, manifested after his arrival, and from which on the following morning he had completely recovered. There was no day while he lay in the cottage at Long Branch that he did not express himself as pleased and even delighted with the change; nor was he ever oppressed by the heat, although one of the days, the first after his arrival, was the hottest day of the season. At two o'clock in the afternoon of this day, when the heat was greatest, in reply to my inquiry he said he experienced no discomfort. From this time until the period of his death, which was sudden and unexpected, although in no sense unanticipated, there is no incident worthy of special note—except that there was a gradual change in the last two or three days for the worse. The manner of his death and the result of the subsequent autopsy, are sufficiently explained in the official bulletin

AUTOPSY.

A post mortem examination of the body of President Garfield was made, eighteen hours after death, in the presence and with the assistance of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith of Elberon, and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum, Washington. The operation was performed by Dr. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column in front of the spinal canal, fracturing the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts, and lodging below the pancreas, about two inches and a half to the left of the spine and behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hæmorrhage, from one of the mesenteric arteries adjoining the track of the ball, the blood rupturing the peritoneum and nearly a pint escaping into the abdominal cavity. This hæmorrhage is believed to have been the cause of the severe pain in the lower part of the chest complained of just before death. An abscess cavity, six inches by four in dimensions, was found in the vicinity of the gall bladder, between the liver and the transverse colon, which were strongly adherent. It did not involve the substance of the liver, and no communication was found between it and the wound. A long suppurating channel extended from the external wound, between the loin muscles and the right kidney, almost to the right groin. This channel, now known to be due to the burrowing of pus from the wound, was supposed during life to have been the track of the ball. On an examination of the organs of the chest evidences of severe bronchitis were found on both sides, with broncho-pneumonia of the lower portions of the right lung, and, though to a much less extent, of the left. The lungs contained no abscesses and the heart no clots. The liver was enlarged and fatty, but free from abscesses. Nor were any found in any other organ except the left kidney, which contained, near its surface, a small abscess about one-third of an inch in diameter. In reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured, spongy tissue of the vertebra, furnish a sufficient explanation of the septic condition which existed.

D. W. Bliss, F. H. Hamilton,
J. K. Barnes, D. Hayes Agnew,
J. J. Woodward, Andrew H. Smith,
Robert Reyburn, D. S. Lamb.

It may be necessary, however, to repeat, inasmuch as contrary statements have been made, that the lungs contained not even the most minute abscess and that there was no metastatic abscess found in any of the structures examined, except one less than a half-inch in diameter near the surface of the left kidney. These were three small serous cysts under the peritoneal covering on the convex edge of the right kidney, each about the size of a vertical section of a large pea. The abscess found between the transverse colon and the liver was evidently not metastatic, but probably was caused by the original injury. There was no cicatrix or wound of the liver nor anything to indicate that it had suffered injury in the slightest degree.

IMPOSSIBILITY OF PROBING FURTHER.

Since it has been thought by some that it was the duty of the surgeons to have ascertained positively the course and location of the ball, it is proper to consider whether either the one or the other was practicable.

As to determining the course of the ball by a probe, every anatomist will see that it was impossible—if he will consider the very tortuous course which the ball must have taken to reach its final destination; that it passed through the solid structure of the vertebra, and that no metallic instrument sufficiently firm to give indications of the course and direction which it took within the body could ever have reached the ball; nor would any surgeon of experience, familiar with gunshot wounds of the belly, in the absence of any satisfactory or conclusive evidence as to what course the ball had taken, venture to introduce a probe into the abdominal cavity, for the purpose of exploring the supposed track; nor, indeed, if he had evidence as to the course and situation of the ball, could he have been justified in such an exploration. No point is better settled in surgery than that interference of this sort in gun-shot wounds of the belly is meddlesome, useless and dangerous, and had it been done and a fatal peritonitis, in consequence, been set up, the surgeon doing it would have been justly held responsible for the fatal result.

As to the possibility of the extraction of the ball safely, it would have required a large tegumentary and muscular incision as a means of approach to the spinal column; the actual removal of the whole of the twelfth lumbar vertebra, in order to furnish a sufficient channel through which the bold surgeon should advance with his instrument for extraction; and, after emerging from the cavity thus made in the spinal column, he would have to penetrate or grope his way cautiously between the ganglionic system of nerves, and arteries, veins, lymphatics, including the thoracic duct, all of which are vital structures almost inextricably joined to each

other on the front and sides of the spinal column, and the lesion of any one of which must have proved inevitably fatal.

Throughout the whole course of the treatment, contrary to what has been publicly said repeatedly, so far as it was possible to apply the system of antiseptic surgery advocated by Mr. Lister to a wound of this character, it was rigorously employed.

I am reminded now to say, in reply to some suggestions made from time to time, that we ought to have made a counter-opening in the lower portion of the long sinus which terminated in the right iliac fossa, that there was no period of time during the progress of the case in which we felt absolutely certain that what we recognized in the fossa as a point of induration was the ball; nor were we entirely certain at any time where the lower end of the sinus was actually situated; nothing but a very flexible instrument could ever be introduced, and inasmuch as when introduced, its presence in the track could not be recognized by the sense of touch, we were left without any means of determining, with a sufficient degree of accuracy to justify an operation, where the lower end of the channel was. Indeed, it is probable that the flexible catheter employed never reached the lower end of the channel, but doubled upon itself near the crest of the ileum. To have cut through or between the great mass of muscles in the lower portion of the lumbar region, for the purpose of making a counter incision into a small channel, the course of which we did not and could not know, even approximately, would have been, under any circumstances, an unjustifiable procedure, and especially so in the case of the President, whose hold upon life during all this long period seemed to depend upon a thread.

The autopsy shows that the original theory as to the course and situation of the bullet was more nearly correct than the later one, that it had descended into the pelvic cavity. In view of the great length of time—nearly two hours—required to find the ball at the post mortem, it is evident that any attempt upon the living subject in this direction would have been not only futile, but would, without doubt, have been followed by most disastrous consequences, and, as the report shows, would have been entirely unnecessary, from the fact that the ball was quite harmless by having become encysted.

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### Dr. S. R. Beckwith's View.

The following letter from the Senior Editor of this Journal to Dr. Beckwith, elicited the reply published herewith, and is valuable as a part of the history of the case not heretofore given to the profession:

"The autopsy of the President brought clearly to my mind your description of the case to me at Wagon-wheel Gap, as it confirmed your statement in almost every particular. I would like exceedingly, for publication in the Medical Times, any comment on the case you might choose to make. Your name would be, if you wish, in strict confidence with us. I want to deal in perfect fairness to all, but it seems to me a sad comment on the surgery of this country when you alone of all the surgeons who saw him, diagnosed the case correctly. With your diagnosis there was no possible chance of recovery."

Washington, *Sept.* 22, 1881.

*Dear Doctor:* Yours of yesterday, recalling our conversation in Colorado on the President's case, is just received. I am willing to give you what knowledge I have of his injury and opinion of his surgical treatment and autopsy. The surgeons who attended President Garfield and issued official bulletins before and after his death, were really officers of the Government, and a just criticism of their acts cannot be construed to imply personal censure any more than a discussion of any public action by any other Government officer or employé.

The medical profession have a just right to express their honest opinion of the treatment and general conduct of the case, from its sad and tragic beginning to its sorrowful end. If it is found that the surgeons in charge exercised reasonable skill and ability in the performance of their surgical duties; if they acted in a professional manner toward their fellows in medicine and given to the world true and intelligent statements of the case during its progress and after his death, no medical man should utter one word of censure, even if time prove that grave errors were committed. But if it can be shown that, from the commencement until their official duties ceased, unprofessional acts were committed, erroneous bulletins published, and at the *finale* they refused to allow scientific pathologists to make the post mortem, that the world might know the facts and medical science be benefited—then, in such an event, they must not expect to be screened from public criticism and censure. The following recital of the case will allow your readers to judge for themselves.

Soon after the President was shot I visited him at the Presidential mansion, found him lying upon his back, inclining to the right side. He was exceedingly pale and very weak, and remarked that "he foresaw he had received his death wound." I examined him and found a large amount of blood in the bed, also in his clothing, which had not been removed. I found a gun-shot wound about two inches from the centre of the upper lumbar vertebra, upon the right side; on pushing my finger into the wound, I discovered the eleventh rib broken in its under surface, and was able to trace the track of the bullet in the direction of the right inferior border of the liver; considerable clotted blood was in the wound. I then asked: "Have you no surgeons?" He answered, "Yes, about forty. They are in the other room, go and see them." I visited the room as directed, and found the Surgeon-Generals of the Army and Navy, also a large number of the prominent physicians of the city, in consultation. From this hour (10:30 A.M.) until afternoon nothing was done but to wait for a reaction. He then received a large hypodermic injection of *Morphia* and *Atropia*, for the purpose of relieving the pain in ankles and feet. About 3 P.M. his clothes were removed, a similar injection was given, and his indications clearly showed that he was suffering from internal hæmorrhage. A firm enlargement was detected in the right hypochondriac region, infringing into the epigastrium. It was the united opinion of all in attendance that this enlargement was a blood clot. About 4 P. M., Surgeon-General Wales, by and with the advice of all in consultation, examined the wound, detected the fractured rib, traced the course of the bullet to the interior border of the liver, and thought it passed through the lower portion of the liver. His face became more blanched, voice feeble, pulse weak and frequent, and all believed he would soon die. The apparent blood clot increased in size and prominence, and not until near 7 P.M., when Mrs. Garfield reached his side, was there any evidence of improvement. From then until 8:30 I have no personal knowledge of the case. At that hour I returned, found the pulse less frequent and stronger, and his color slightly returning. He remarked to me: "The doctors say the bleeding has ceased, but how can I ever get rid of this blood clot?" I replied: "This can be removed;" and at once went into the consulting room and requested that no more *Morphine* be given, but, if narcotics were required, use solid *Opium* with *Carbonate of ammonia;* also requested that the blood coagula be removed by an aspirator. Here my surgical interference began and ended; and no one that night believed that he would ever see the light of another day, and it is not probable that he ever would had not the blood clot plugged up the open mouths of the bleeding vessels. I remained until 2 A.M. of that night; a slow reaction was coming on. The next morning about 9 I saw him. He was stronger, the pain in the ankles and feet less, the abdomen slightly tymanitic, the tumor on his side hard

and prominent to the touch. From his room I went to the surgeons' room and found Drs. Bliss and Reyburn, and was informed that the surgeons who were in consultation the day before, were mostly dismissed. It was evident I was not wanted, and I remained in the adjoining room until I heard part of the discussion between Drs. Baxter and Bliss, with which all are familiar. I then left the house, well knowing that I was not wanted by the surgeons in charge. My prognosis, death from blood poison, was then given as repeated to you in the mountains of Wagon-wheel Gap Springs. What would have been the result if that large blood clot had been removed, I do not claim to know. But of one thing I am tolerably certain; if one-tenth of this amount of blood had been allowed to remain in the cavity of the abdomen after ovariotomy septicæmia would follow.

During the long suspense and weary hours of suffering, a nation—yea! even the whole world lifted up its suppliant hands, with tearful eyes, hearts filled with emotions of hope and grief, and reverentially filled the heavens with clouds of prayers, tongued and pointed with loving impulses, tender sympathies, and blended with human beings' purest, highest, and best hopes—heaven's blessing. This mist of grandeur, beauty, and God-like loveliness was but a thin veil, through which could be heard the answer, "Without works prayer availeth not."

The remainder of the sad tale will soon become a part of history. The pulse was reported for many weeks from ten to twenty beats below its true rate. The surgeons in consultation approved of the diagnosis and treatment without an examination of the wound. It was only but a few days before his death that Dr. Hamilton was told of this error, and continued not to sign a bulletin until he counted the pulse beat; and thereafter, as all remember, there was a sudden increase in the pulse rate until his death.

The surgeons in charge were urged by Dr. Boynton, the very near relative of the President, to allow two pathologists from New York, and the same number from Philadelphia, to make the post mortem. The Doctor, failing in this request, begged that the surgeons first in attendance should be invited to the autopsy. In reply to these customary and eminently proper requests he was assured that this could not be allowed, as it would reflect discredit upon their skill and ability. And now comes the saddest comment of all upon American surgery. The surgeons who had been in attendance upon the Chief Magistrate of the Republic, refusing to allow pathologists, whose occupation it is to make post mortems in the dead house or hospitals, and for courts of justice in cases of murder or suicide.

The official description of the autopsy, measured by the facts as given to me by those who observed the examination, affords conclusive evidence of an error. The wound was not first examined, and the bullet track not followed until the missile was reached. The abdomen was first opened, and failing to find the bullet in the pus channel, between the abdominal muscles and the peritoneum, the stomach and intestines were removed and placed in a basin. Further search was made for the bullet in the body, and it was finally found encysted and among the intestines in the basin.

And after all this, the post-mortemists state "the bullet behind the peritoneum;" "cause of death, rupture of the mesenteric arteries." While, in fact, the embalmer forcibly injected the embalming fluid into the femoral artery, and none of it escaped into the cavity of the abdomen, which would have occurred if any artery had been ruptured. The continuous denial of pyæmia and the disease of the lungs was sought to be verified by the post-mortem. And this, although the President, for a long time, had pustular eruptions over his body, in some portions nearly as thick as small-pox. The pustules were filled with pus, the attendants opening three or four daily. He expectorated pus and portions of his lungs, hepatized. Dr. Boynton declared these facts. Yet when the lungs were cut in two, bloody pus, in large quantities, escaped; a portion thrown into water sank; abscesses formed in both kidneys, and if the intestines had been examined, pyæmic patches would have been found in many places. One parotid gland sloughed away. Still the report of the autopsy was completed and ready to sign without any allusion to pyæmia, and was only added by the solicitation of Gen. MacVeagh.

The wound in the vertebra and along the bullet track was healed and the bullet safely pocketed in a cyst. The wide discrepancy between the official statement and the one recently made by Dr. Hamilton, together with other facts, makes the whole case one of peculiar sadness to the reputation of American surgery.

Yours truly, S. R. Beckwith.

## ARAPAHOE CO. HOSPITAL, DENVER, COLORADO.

This institution, containing one hundred beds, passed into the care of Dr. Everrett, a leading member of the New School in Denver, April 1st, 1881. Dr. Brett, a graduate of the St. Louis Medical College, is the House Physician. After going through the wards of the Hospital, which we found in excellent condition, Dr. Everrett kindly furnished us, at our request, a comparative statement of the death rate during the months of April, May, June, and July, 1881, since the institution came under his care, and the corresponding months of the preceding year, when under the care of the Old School. Death rate in 1880, 10 per cent.; death rate in 1881, $4\frac{3}{4}$ per cent. The four months since the institution has been under the care of the New School show a very marked improvement on the corresponding four months of the preceding year. The cost of medicines and surgical appliances is about in the same ratio. The principal diseases under treatment in the Hospital are rheumatism, syphilis, phthisis, and typhoid fever, and these, we were informed, are the prevailing diseases in the city. Later pneumonia and bronchitis tax the skill of the physicians. A very excellent county society exists under the name of the Denver Academy of Medicine. The Colorado State Homœopathic Society is also in a flourishing condition. The physicians of Denver for culture and intelligence will compare favorably with those of any part of the country. Dr. Everrett informed us that many of the cases of phthisis coming under his care came from the East, only to die among strangers. We heartily wish our profession would study more carefully the adaptability of peculiar climates to individual cases before sending them away from the comforts of home.

## COLORADO AS A SANITARIUM.

The great question of the action of climate upon exhausted vitality arising from overwork and mal-nutrition, and upon that scourge of the human race, consumption, has long agitated the professional mind. To the exhausted man of business, to the literary man who has whipped his mind to its work until it has refused to respond longer, to the woman worn down by the cares of motherhood, and to the consumptive, wasting with disease, with exhausting night sweats and fearful cough, the physician has said, when drugs failed to relieve, go abroad; get a change of air; get out of the rut in which you have been running so long into a new world, another atmosphere, a new line of thought. But where shall

we go? where is that land of rest?—that Arcadia whose life-giving atmosphere brings back to the wasted, diseased form strength and health? The question is one which every patient has a right to ask and which every physician should be able to answer intelligently, directing his patient, if it is wise to leave the comforts of home, to the place where the object sought can best be obtained. It is just here the physician is often at fault. One adopts the theory that a warm climate is desired and off goes the patient to Florida or Nassau; another believes that what is wanted is the pure atmosphere of the mountains at some high elevation, where the air, as it sweeps through great forests of pine, becomes filled with ozone, and sends the sick man or woman to the Adirondacks to try the effects of camp life; and still another says, what is required is the pure dry air of high elevations which is found on the great western plains and among the vast mountains of Colorado.

There is often in all this advice a failure of individualizing cases and a woful lack of knowledge of the adaptability of climates to the various forms of disease and nervous exhaustion. The peculiarities of climate and its action upon diseased organism should be individualized as carefully, and studied as closely as any drug administered in acute disease. Failing in this knowledge, the physician often sends the invalid away from the comforts of home only to die, or to a climate which could do him no possible good.

From a pretty careful investigation of the great western plains and Colorado, where, during the past few years so many invalids in the last stages of consumption have been sent only to often, alas, to die among strangers, we are convinced that this climate is the very worst possible for consumptives where the disease is firmly fastened upon the organization. In the rarefied air, full of electricity, where only a portion of the diseased lungs can act, vitality burns out with fearful rapidity, and the patient, whose life under more favorable surroundings might have been prolonged for months, and perhaps years, sinks exhausted in a few weeks.

Where there is an hereditary predisposition to consumption and that mal-nutritia which we almost always find as the forerunner, and connected with tubercular development, the climate is almost sure to bring relief. In the rarefied air, charged with electricity, and the out-of-door life which one can lead with perfect safety, the process of nutrition goes on with wonderful strength. The blood becomes charged with life-giving properties; the lungs expand, the whole form rounds out with the fullness of life and strength, and he feels as he gallops over the plains and climbs the mountains that he is a man among men, eager and ready to take his part on the busy stage of life's action.

But not alone to this class of persons does this climate give promise of health and a renewal of old strength. It is the Mecca to which the business man turns who feels in the ceaseless wear and tear of mercantile life, the brain is giving out, the stomach only half performs its functions, the nights are sleepless and the days filled with a nervous dread of some unseen trouble which he has no power to meet; it rises before the literary and professional man, exhausted with mental labor, like a green oasis, shining out in the midst of hot burning sands, a haven of rest, where in its pure air and by its sparkling waters he can drink in life and strength. To the wife and mother, too, exhausted by the perils and anxieties of motherhood, worn out by the carking cares of household life and the exacting duties of society, often wishing and praying for death, these mountain ranges beckon with their snowy fingers, offering in the quiet of their valleys, in the clear pure air which breathes around them, and in the sparkling water which gush from their side, to woo them back to a brighter life and a more enduring strength.

In cases of nervous exhaustion, but where there is no marked organic lesion, we know of no climate which will compare with the elevated plains and mountain ranges of Colorado. Where there is positive brain lesion or organic change in great nerve centres, the trouble would probably be increased; but before that point is reached, where there is simply depressed or exhausted vitality, the result of long continued strains or overexertion, the climate is full of promise and will do its full share in the often slow, but generally sure work of recuperation. Except in those cases where only a short period of rest is required, a residence may often be desirable here for a year or more until the system becomes thoroughly strong and fully recuperated. It is fortunate for this class of persons that no State in the world presents richer inducement to men of energy to engage in active pursuits, which, if intelligently followed, will be almost sure to bring health and ample wealth. The great plains furnish abundant sustenance for immense herds of cattle and vast flocks of sheep who feed winter and summer upon the rich grass, and require but little attention. The profits from the fleece of the sheep and in the increase of the herds of cattle is immense and the business attended with but little risk.

The mountains are veined with gold and silver, some of the richest silver mines in the world being found in San Juan district, and so easy of access that they often crop out upon the surface on the sides of the mountains, so that the rich veins can be worked by tunnelling, without the labor and expense of sinking deep shafts. All the facilities for smelting are close at hand. Coal is abundant, of the richest quality, and easily mined, and the railroads are fast penetrating to the very heart of the mineral districts, making the facilities for transportation abundant and easy. No railroad in the world to-day is pushing construction so rapidly and with such an immense force as the great roads which, by their enterprise, are opening up the mineral wealth, the agricultural resources, and the thermal springs of this mountain State.

The mineral springs are hot and cold, and of almost every variety known in the world. The springs of Manitou are six in number, and are situated about six miles west of Colorado Springs, in a beautiful little valley at the foot of Pike's Peak, and at an elevation of over six thousand feet. The climate is delightful. The waters strongly charged with carbonic acid are muriatic alkaline, acidulous alkaline, chalybeate alkaline, and aperient. We do not wonder as we drink the sparkling water in the fresh, bracing and invigorating air in the midst of such grand and beautiful surroundings that the Aborigines gave the name of "Manitou," to the place, or "Great Spirit."

Thirty-one miles west of Del Norte on the Rio Grande, to which the railroad is rapidly making its way, we find the thermal baths of Wagon-wheel Gap. The springs are three in number, cold and hot, and resembling closely in their chemical constituents those of the hot springs of Arkansas. One spring has a natural oval basin in which the water boils up at a temperature of 150° F. This is utilized for bathing purposes, the water being of almost any heat desired. The air is perfectly pure, entirely free from malaria, and the surroundings grand and beautiful. Game is found in the mountain and the cold streams are filled with trout. In rheumatic, syphilitic liver troubles, and general debility, and for those troubled with malarial poisonings, these springs will become a great place of resort.

The springs of Idaho are hot and cold, the hot springs rising to a temperature of over 120°. The facilities for bathing are excellent, and the climate during the summer delightful. Time would fail us to mention the variety of springs which gush from the mountain sides and bubble up in almost every ravine and glen of the southern and middle portions of the State. We can only mention among those we visited the Pagosa Springs, five in number; the water being almost as rich in sulphate of soda as the famous Hunjada Janos. The springs are located at an altitude of 7,084 feet and from the principal one the water bubbles up at a temperature

of 140. Game of the finest kind can be found among the hills, and the streams are full of trout. It was a belief in what they thought the miraculous powers of these waters, which made the Indians so loath to leave this reservation. The springs of Cañon City, forty miles west of Pueblo, are hot and cold, and some of them are almost identical in temperatures and mineral constituents, with the celebrated Vichy. At Oura we found a group of six alkaline springs at an altitude of 7,300 feet, varying in temperature from 120° to 140°, and after our long ride on mountain trail a plunge into the waters, tempered with the cold mineral waters, was exceedingly refreshing.

We have mentioned only a few of the almost innumerable springs which can be found scattered all over the State, a new edition in temperature and chemical constituents of the most famous springs in the world with the advantage of scenery, wild, grand, and beautiful, and air delightful and perfectly pure.

## *BIBLIOGRAPHICAL.*

THE WILDERNESS CURE. By Marc Cook. New York: Wm. Wood & Co. 1881. Pp. 153.

This little brochure was the result of its author's experience in seeking recovery from pulmonary phthisis in the Adirondack region, and lucidly describes the picture as it would appear to an invalid full of hope, particularly when health is felt to be returning. It has undoubtedly misled by false hopes many a poor sufferer who had better have staid at home, for we believe that the sick should select a local habitation only with the best professional advice to be had. This book can be *prescribed* with advantage to such patients as the physician thinks will be benefited by an abode in a wilderness, in the locality described, for the subject is so attractively treated that the reader is likely to be enthused with a desire to seek the place which is made to appear so desirable. The details of going, the provision for staying, and how to live while there, are all practically set forth by one who *knows*.

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REPORT ON EDUCATION. By E. Seguin, United States Commissioner on Education at the Vienna Universal Exhibition. Second Edition (authorized and revised by the author). Milwaukee, Wis. Doerflinger Book and Publishing Co. 1880.

The late Dr. Edward Seguin in the above work has given a clear and complete account of all kinds of educational work, as they are at present, and as modern light and research show they may be in the future.

Part I. is devoted to "Infant Education." The author speaks of the cradle and the creche, recognizing in the fullest manner how all-important to the child is the mother's devotion to her duty from the very first. Chapters second and third treat of the Salle d'Asile and the Kindergarten; the former is a school in operation in many European cities where poor mothers may leave their very young children. This part closes with chapters on the "Infant Physiological School" and the Education of the Senses." Itard began the work of physiological training in his attempt to cultivate the savage of Aveyron; and his pupil, Dr. Seguin, developed the theory, making it applicable to all children. It is based on the idea that the senses are avenues to the brain, and that mental grasp and power are developed in proportion to the acuteness and sensitiveness of the senses.

Part II. treats of the "Education of Deaf Mutes."

The Holland-German, the Spanish-French, and the Anglo-American schools receive full attention; also L'Abbe de L'Eppee and his early endeavors. It is pleasant to read of the high position and great success of our schools in Northampton and Jacksonville where Prof. Bell's Visible Speech is the method used for teaching deaf mutes to articulate.

Part III. is on the "Education of Idiots." This is the field in which Dr. Seguin labored from early manhood, applying the principles of physiological training with the greatest success. He started the parent school in France, and to-day there are more than seventy-five like institutions in the world. Accounts of many of these schools will be found in this book. The idea of educating the imbecile is probably the youngest born of the daughters of philanthropy.

Part IV. is on "Popular Education as it is and as it should be." After referring to common schools the author speaks of Garden Schools and the Metric System; he strongly urges the use of the latter, and we understand it has now been adopted in the Schools of Pharmacy. The last chapters develop still more the theory of the Education of the Senses, giving many suggestive thoughts which show how much can be done and should be done for the coming generation.

This book is valuable as a work of reference, and particularly valuable as a work of instruction for parents and teachers.

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GENERAL MEDICAL CHEMISTRY FOR THE USE OF PRACTITIONERS OF MEDICINE. By R. A. Witthaus, A.M., M.D. New York: Wm. Wood & Co. Wood's Library of Standard Medical authors.

A peculiar feature of this work is that the merely technical parts have been condensed to as small a space as possible, while the bearing of chemistry upon physiology, hygiene, therapeutics and toxicology have been enlarged upon as fully as permissible in a work of this size. The book is one of those useful additions which saves a vast amount of time in running over encyclopædias for facts which are here given in a nut-shell.

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INDIGESTION, BILIOUSNESS AND GOUT IN ITS PROTEAN ASPECTS. Part I. Indigestion and Biliousness. By J. Milner Fothergill, M. D. New York: Wm. Wood & Co. 1881.

The author believes that the study of indigestion and biliousness should be from a physiological stand-point. We can never understand, he says, digestion, its disturbances and how to meet them, by poring over the morbid changes found in the post-mortem room, even when aided by the microscope, and that study which has been solely directed to the digestive canal after life has fled has led us into a host of blunders. He very correctly says it is the systematic study of assimilation as a normal process, and by its light mal-assimilation or the derangement thereof which can enable us to grapple successfully with maladies which are the bane of many an existence; which usually do not kill directly but which often induce consequental changes incompatible with the continuance of life. Starting with a very clear discussion of the digestive act in health, he proceeds by noting the causes of disturbances in this act, to point out the nature of indigestion, biliousness and gout, and suggests the remedy, which quite as often consists in a change of diet as in the use of some potent drug. The work is pleasantly written, and will be of interest to the lay as well as professional reader.

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A MANUAL OF HISTOLOGY. Edited and Prepared by Thomas E. Satterthwaite of New York, Pres't of the N. Y. Pathological Society, Pathologist to the St. Luke's and Presbyterian Hospitals, etc., with fifteen associates. With one hundred and ninety-eight illustrations. New York: Wm. Wood & Co., 1881, pp. 478.

This book is what it purports to be, a manual in the true sense of the word, and will meet the wants of the busy practitioner, as well as the student who is just commencing study in this important department. It fills an important gap between the hand-books of Rutherford and Schæfer and the elaborate works of Stricker and others, the latter of which are too extensive and in detail, for any but the most advanced student.

The work is concisely written, well arranged, and opens with the practical use, including the mechanism, of the microscope and methods for preparing objects for microscopic examination.

A special chapter is devoted to the thick cutis vera, now for the first time described as a distinctive portion of the skin.

The work is brought down to date; the well-known standing of its editors is sufficient guarantee of its character, and it will undoubtedly become the text-book of the colleges.

## *SOCIETY REPORTS.*

### STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

For the fiscal year ending September 30, 1880, the trustees report the ratio of recoveries is higher than during any of the five preceding years, and the death-rate has been lighter than ever before in the institution's history. These very satisfactory results are due, we believe, to improved sanitary regulations, to a better and more generous diet, afforded by increased facilities on the farm for the production of fresh fruits and vegetables, to the addition, both within and without, of more cheerful and healthful surroundings, and to the ripening experiences and unabated zeal of those whose duty it is to have immediate charge of the patients.

The very important work of erecting a new pavilion will practically perfect the establishment according to the original plans, and has been finished *within the limits* of the sum first asked for, namely, $150,000. And in addition to the building itself, to whose completion for the above-named sum the trustees were pledged, there is a fair prospect of including, without increased cost, all the necessary appurtenances, to wit: the corridor, the sub-way, the line of pipes for steam and water, and the addition to the boiler-house. These results challenge scrutiny and criticism.

The report of the treasurer and medical superintendent are worthy of perusal, as they develop both continued financial prosperity and the happy effects of homœopathic medication of the insane.

The balance of cash on hand is over $17,000.

The Medical Superintendent reports the whole number treated as 311.

Dr. Talcott says: We are gratified in being able to state that the percentage of recoveries, for this year, on the whole number discharged, has been 46.56 per cent. This exceeds the results of any previous year, except the first, in the asylum's history. The death-rate has been 4.18 per cent., which is the lightest we have had since the institution was opened. Such a showing proves the effectiveness of homœopathic medication in acute and exhausted cases. To the watchful care and unflagging zeal of officers and attendants, to the gradual perfection of sanitary measures, and to increased hygienic and dietetic facilities these happy results are largely due.

There is a system of alarms by which warning can be instantly given of a fire in any part of the building, and its location made known to all.

We reiterate what we have stated in our former reports that, in addition to cautious medication, we rely largely for the cure of our cases upon abundant and nourishing food, an unfailing supply of pure air, a constant attention to personal cleanliness and the free use of the bath, appropriate out-door exercise, moderate and judicious labor for those who are strong enough to work, profound and protracted rest where that is deemed advisable, and proper and agreeable diversion for all.

Hitherto our efforts have been made in the face of obstacles almost impossible to surmount, but with a completed establishment, we have opportunities for the accomplishment of good work, such as we have not heretofore enjoyed.

## *CORRESPONDENCE.*

### THE INTERNATIONAL CONGRESS.

MESSRS. EDITORS:—It seems rather late to write anything about the World's Convention, held in London in July last, which I had the pleasure of attending; but I have promised, and it shall be done!

Our trip across the Atlantic was unattended by anything startling. Had seven days' fog, causing an everlasting tooting of the fog-horn, which could only be tolerated by the fact that it gave knowledge of our whereabouts to any passing vessels, thus rendering our passage more safe.

The night of the 4th we were given a special dinner, the saloon being tastefully decorated with United States bunting, the same appearing at the masthead during the day.

After the dinner we were treated to some fine sentiments and short speeches; one by Dr. De Gersdorf, of Boston, was a fine tribute to this, his adopted country.

Arriving in London the American delegates were treated very handsomely by our English brothers. Drs. Hughes, Pope, Dudgeon and others entertained the foreign delegates privately at their houses.

Dr. Hamilton having declined to act as President, an immense amount of work fell on Dr. Hughes, which he discharged in a most satisfactory manner. The shaping of his hand was seen in every thing, he being ably assisted by Dr. Pope, who was elected Vice-President in the place made vacant by raising Dr. Hughes to the Presidency.

The President made a complete success of bringing a synopsis of the papers on each subject before the convention, having previously chosen and printed certain points for discussion, and showed fine tact and insight into the character and ability of those present in drawing them into the different discussions, thereby saving a great amount of *small* talk, often experienced to the detriment of many medical meetings

The discussions were very interesting. The papers, when published, will be found to be *full* of *good* things.

As I have said before, the English brethren opened their hearts and pockets too, and did everything in their power to make it pleasant and profitable to the visiting delegates.

The United States was much more largely represented than any country except England. There were delegates from France, Russia, Italy, Switzerland, Canada, etc. I was surprised to find Germany (Hahnemann's home) without a single representative, though there were some excellent and exhaustive papers from there that will add materially to the transactions when published. There were three public entertainments given to the delegates to the Congress, the most notable of which was the banquet, given by the British physicians on the last night at the Criterion, which was in every respect a complete success.

After a toast, heartily drank, to the Queen, there followed many such as the occasion called for, in response to which each nation represented had no cause to be ashamed of their representatives.

Although the Congress did not in numbers quite come up to the American Institute, nor yet to the "Old School" meeting, which, a few weeks after, met in the same city, still every one who attended our Congress remarked the representative ability present, which we feel certain will stand critical comparison with any like body ever called together under similar circumstances.

With the greatest freedom of thought, perfect harmony prevailed. We parted with the full determination of as many as possible meeting again five years hence in Brussells, each one "drumming" for recruits.

HOT SPRINGS, ARK. L. S. ORDWAY.

## GENERAL BEARINGS OF THE LONDON CONVENTION.

The readers of the TIMES may be interested in some reflections upon the general character and bearings of the late World's Homœopathic Convention in London, by one who was present as an American delegate.

It will be well to mention that these reflections are penned weeks after the close of the Convention, and after a thorough cooling from all the heats of the "conventional" labor, on the part of the writer, in the quiet, bracing atmosphere of Sweden and Norway.

FIRST, *It must be said that the plan of work was admirably devised and thoroughly executed.*

It was a decided improvement upon that of the American Convention of 1876, inasmuch as there were not so many important subjects to be reported upon and discussed.

As a result, the papers submitted, for the most part, covered well the ground marked out, and the discussions were more full and satisfactory to all concerned.

For this limitation of scope and more thorough discussion of papers thanks were especially due to the President, Dr. Hughes, who witnessed the crowding of debaters and the cutting short of speeches at Philadelphia. His execution of the programme formed was impartial and exact.

SECOND, *The composition of the Convention was excellent, but not embracing representatives enough from the various countries of Europe.*

Great Britain was quite fully and most ably represented, England especially. I need not refer to the number nor to the names composing the delegation. They will be seen in the reports elsewhere displayed.

America came next to England in the size of her delegation, and embraced many of our most earnest and steady workers—men well and most favorably known in the American Institute.

The delegation from France was small, but excellent in character, while those from Germany, Italy, and Russia were smaller yet. It was matter of note and regret that Belgium, Holland, Denmark, Sweden, Austria, and Switzerland had not a single delegate present. In passing through some of those countries after the London meeting, information was received that sickness prevented some, and a want of familiarity with the English language others, from attendance.

THIRD, *The papers and discussions showed honest, earnest work, and in the direction of a more scientific basis and explanation of homœopathy.*

A perusal of the volume of Transactions, very soon to appear, will show less of the effort to make headway by reports of astounding cures by remedies and doses never before thought of, and that must seem entirely absurd, if not impossible, to the great majority of medical men of education and experience throughout the world. The tendency to get away from that species of stunning brag which has been a burden and a hindrance to our school —a tendency well marked in our American Institute the last few years—was very noticeable in London.

But let the Transactions speak for themselves.

FOURTH, *The extension and development of homœopathy was shown to be greatest in America.*

Having the advantages of a new country, without time-honored and moss-covered institutions to be removed or transformed, before the acceptance and building up of that which is new and better, the United States have offered a fresh and inviting field to the new school of medicine. The privilege of founding colleges able to confer degrees equal to any conferred in the country, was shown to be the especial cause of the greater progress of homœopathy in our country.

The spirit of freedom in medicine, as well as in politics, advocated by our noble Dr. Benjamin Rush when our nation was born and cradled, has left a free course for medical truth through all time, come whence it may.

I cannot close these reflections without saying that, to our English brethren, especially to Drs. Hughes, Pope, Blake, Brown, Dudgeon, Black, Hayward, Clifton, and Burnett, much credit is due, not only for good plans and good management in the Convention, but likewise for a most inclusive and generous hospitality.

I make only these brief reflections, knowing that the TIMES will editorially speak more fully of the London meeting when the volume of Transactions comes to hand.

D.

## *TRANSLATIONS, GLEANINGS, ETC.*

SIMPLE TESTS OF WATER.—The complete analysis of water requires much chemical skill, but the more common impurities may be detected by simple tests and various injurious salts thus recognized. "Among them," says the *Boston Journal of Chemistry*, "are the nitrates, whose action is chiefly significant as showing that organic matter has been acted upon and may be present. The danger is not in the salts themselves, but in their source, which should, if possible, be ascertained. To examine water for nitrates, put a small quantity of it in a test tube, add an equal quantity of pure sulphuric acid, using care that the fluids shall not mix: to this add carefully a few drops of a saturated solution of sulphate of iron. The stratum where the two fluids mix will, if nitric acid be present, show a purple, afterward a brown color. If the nitric acid be in minute quantities, a reddish color will result. The presence of ammonia, if in excess, can be determined by treating the water with a small quantity of potassic hydrate. Ammonia, if present, will be liberated, and may be recognized by its odor, or by the white fumes of chloride of ammonium, when a glass rod wet with muriatic acid is passed over the mouth of the test tube. If chlorine is present in any form in water used for drinking, it is evidence that sewage contamination in some form exists. The presence and amount of chlorine may be ascertained by the following simple method: take nine grains of nitrate of silver, chemically pure, and dissolve it in 200 units (say, cubic centimetres), of distilled water. One unit of the solution will represent the 1–100th of a grain of chlorine. Take a small measured quantity of water to be examined, and put it pure into a glass vessel more than large enough to hold it. Add to the water a small quantity of the solution; if chlorine be present, a white precipitate will result. Repeat the addition, after short intervals, until no precipitate results The units of the solution used will determine the hundredth of a grain of chlorine present. If more than a grain of chlorine in a gallon be present, reject the water, unless it can be clearly determined that the excess does not come from sewage. The water should be slightly acidulated with nitric acid before the test is applied.

Heisch's sugar test for the presence of dangerous organic matter is at once simple and trustworthy. Place a quantity of the water to be examined in a clean glass stoppered bottle; add a few grains of pure sugar, and expose to the light in a window of a warm room. If the water becomes turbid even after exposure for a week, reject; if it remains clear it is safe.—*Cin. Lancet & Clinic*, July 30, 1881.

CHLORINE NOT AN ELEMENT.—Professor Meyer, of Berne, claims to have discovered that Chlorine is not an element, as has been supposed, but an oxide of a metal, to which he gives the name of Murium. His method of proving this is to subject Chlorine to a temperature of 700° C. This separates the oxygen from the element; the oxygen is collected by passing the mixture through a bath of Mercury, and its nature confirmed by the usual tests. The metal Murium formed an amalgam with the Mercury. Not enough of it has been collected to permit any adequate examination of its properties.

THE CONTINUOUS SPRAY, AND SECONDARY UNION FOR LARGE WOUNDS.—M. Verneuil (*Le Prog. Med.*) calls attention to his method of open antiseptic washings, which is maintained by a continuous spray of phenic acid. At first he used it for two or three hours, but now throughout the entire day. The patients express a sense of great relief; the pains cease in a short time, the wound cleanses rapidly, while the integuments around the wound remain soft and without inflammation. In three cases where this process was employed the results were prompt.

M. Tillaux regretted that arterial torsion was not more frequently employed in these major operations. He believed in immediate union and had lately seen it promptly verified in a case of disarticulation of the arm, where in consequence of a gaseous infiltration of the tissues and some symptoms of septicæmia, union seemed doubtful. It was necessary to make a deltoid flap, but the wound healed in twelve days.

M. Le Dentu called attention to the fact that while immediate union was to be desired, in the case of threatened gangrene it was to be prevented. M. Verneuil said that immediate union was not sought for by him since antiseptic methods were in vogue. Upon this point the history of all surgeons were the same; the younger ones united whenever possible, the older surgeons seldom attempted it. There is no surgeon who cannot cite cases, rare perhaps, in which union was obtained against all hope, and he thought these cases were unfortunate successes. Numerous cases might be cited in which on the morrow, after an amputation where the flaps had been conscientiously united, the wound was found to be red or phlegmonous or gangrenous. While it was sometimes necessary to unite by first intention it was more often prudent to avoid it, and especially was this the case when inflammation, alcoholism, diabetes, infiltration, fever, etc., rendered reunion very improbable; in such cases the attempt to unite added to the danger. Leave, then, all open wounds freely open. The experiments of M. Pasteur establish the fact that when a wound is freely exposed to the air, the microbe of septicæmia is killed by the oxygen, while it grows abundantly in the purulent burrows which circumscribe your sutures. The only advantage of immediate union is to advance by a few days the moment of a cure; but does this suffice to compensate for the great dangers to which it gives rise in a number of cases? (T. M. S.)

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TOXIC PRINCIPLES IN ALCOHOLIC STIMULANTS.—It seems to me that as physicians, being called upon almost daily to advise in regard to alcoholic stimulants, we should be familiar with the character and quality of the liquors upon the market, and be careful to recommend only those that have been freed from aldehydes, ethers, and empyreumatic oils, and those in which the heavier alcohols have been oxidized by age or otherwise, and thus changed from virulent poisons into harmless, fragrant acids.

The chemists who experimented with the alcohols say that it is more than probable that we owe delirium tremens in man mainly to these heavier alcohols, as they induce analogous symptoms in the lower animals. Dr. C. A. Cameron, superintendent medical officer of health for Dublin, says, that the maddening effect of liquors is, in his opinion, owing to the use of new goods, impregnated with alcohols rich in carbon, together with aldehydes and ethers; and he advises the government to prevent the removal of liquors from bonded warehouses, until the aldehydes and ethers have evaporated, and the heavier alcohols changed into their corresponding acids.

For the year just past, I have been watching with a good deal of interest an *apparatus* for purifying spirituous liquors, by removing completely the aldehydes and ethers, and converting, by the oxidizing action of pure air, the heavier alcohols into their corresponding acids. I am thoroughly convinced that there is accomplished by this process, in a few days, that which for nature to accomplish requires a great many years; and besides, it is done in a more thorough and perfect manner. As a physician, I feel that this product is the safest, purest, and only good alcoholic stimulant upon the market that I can recommend.

The apparatus referred to is the property of the *Purifying and Maturing Process Company*, of Boston, and is the result of many years of careful scientific experiment and study. The idea of it was conceived from close observation of the changes which take place in liquors by standing in wooden casks a long time. In processing with this apparatus, common atmospheric air is first purified by deodorizing it and destroying all sporules and fermented germs, animal and vegetable, and is then forced into the large tanks containing the liquor to be treated. Here it undergoes a prolonged agitation, not unlike churning, the ethers are separated by evaporating and condensing through a series of cones, according to their densities, and the objectionable poisonous ethers and empyreumatic oils are removed; at the same time the heavier alcohols are converted into flavoring acids. As the air enters the spirit, it is broken up into infinitesimally small molecules, thereby bringing the greatest amount of surface of air in contact with the greatest amount of surface of liquor in the shortest space of time.

It was previously shown that common atmospheric air does not affect ethylic alcohol, but most rapidly oxidizes the heavier alcohols and changes them into flavoring harmless acids, so that we have in distilled liquors, after being treated by this process, that which is most desired. The ethylic alcohol is unchanged, the propylic, butylic, and amylic alcohols are changed into agreeable acids, and the aldehydes and objectionable ethers removed, leaving a less irritating and a chemically purer liquor than nature is in the habit of giving us. Hence we can now have for our patients, without incurring a great deal of expense to them, an alcoholic stimulant freed from all poisonous ethers and alcohols, and retaining the ethylic alcohol, the safest and best, as recommended by the experimental chemist.—*Dr. I. B. Cushing, in N. Y. Med. Gaz., Aug.*, 1881.

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CHARCOT ON HYPNOTISM.—Charcot has delivered a lecture on hypnotism at the Saltpetrière, demonstrating on a patient the essential features of this nervous state. He considers that hypnotism is a real pathological condition, precluding any possibility of simulation on the part of the persons experimented upon. Hystero-epileptics are most susceptible to the hypnotising influence; it is sufficient merely to fix their attention for a short time on some object in order to throw them into this morbid sleep. At this stage of hypnotism their neuro-muscular apparatus is in a state of over-excitement. By touching any nerve-trunk the muscles supplied by it are caused to contract, and the spasm lasts as long as the nerve is acted upon. When this ceases the muscles relax. If the eyes of the patient are now opened, the preceding lethargy is replaced by the cataleptic condition; the limbs retain any position given to them. Although the lethargy and catalepsy exclude each other, under certain circumstances they can co-exist. This occurs if only one eye is opened—on one side is lethargy and on the other catalepsy. During the hypnotic condition hemianæsthesia of all nerves occurs; persons may lose the senses of taste, smell, and hearing. The color-blindness is of a constant type. If the perception of only one color is lost, it is violet; if of two, they are violet and green. As long as the patient retains the perception of violet, there is no color blindness. When the perception of a given color returns, it appears first at the periphery, extending gradually to the centre, which looks gray. These hemianæsthesiæ are temporary and frequently oscillating.—*Gaz. des Hôpitaux.*

BIGELOW'S METHOD OF LITHOTRITY.—The rapid adoption of Bigelow's operation, as it is called, and the very marked favor accorded to it, show that the professional mind was ready for an improvement in this direction. Experienced lithotritists, the only competent judges, both in this country and abroad, have tested its merits, remedied in large degree such defects as were attached to the original instruments, and, in little more than three years since its introduction, the operation is pronounced a most valuable addition to our means for removing stone from the bladder. By Bigelow's method a great number of vesical calculi have been evacuated at a single sitting, from aged and infirm subjects, with a comfort and safety far beyond that which could have been had, either from the old lithotrity or under the knife. To one familiar with the details of lithotrity, the size and composition of the stone can be pretty generally determined, when the choice of the lithotrite becomes easy. The largest sizes are seldom required, and the careful surgeon will avoid them unless they be absolutely necessary; for the smaller the instrument the less likelihood of mischief. Because Bigelow's method proves so successful in the hands of those whose experience in lithotrity justifies its use as a test of its efficacy, it must not be understood that it will give like results in the hands of everyone who may resort to its use. There is no doubt that lithotomy, for a stone of large size, is a safer measure in the hands of one unfamiliar with the details of lithotrity than Bigelow's method. Even the general adoption of the new method will not altogether do away with the knife, for there are numerous conditions which preclude lithotrity; among them the size of the urethra, shape and hardness of the stone, and the state of the bladder. The chief and most important feature established by Bigelow is the tolerance of manipulation shown by the bladder. Hitherto, it has been the belief among surgeons that the bladder will bear none but the gentlest manipulations without serious consequences. Bigelow has established that the bladder is exceedingly tolerant of at least all the injury which his method is likely to inflict. If the bladder is thoroughly cleansed of all debris, even though the mucous membrane has been wounded, it readily heals; the failure to bring about recovery in the older methods being due to irritation by the sharp, angular fragments. Special attention has been given to the matter, and convincing evidence of unlooked-for tolerance of the organ has been afforded by a sufficient number of cases. The adoption of the method has the further advantage of enlarging the range within which lithotrity is applicable; and it encourages the surgeon to deal with much larger stones than under former methods. What the limits of the operation, as determined by the size of the calculus, really are, further experience can alone decide; but the prospect of greatly diminishing the number of cases subjected to lithotomy on account of the size of the calculus—a class in which the mortality is especially great—seems almost certain to be realized. Experience has proved the truth of Bigelow's maxims in the main, and we can with security look for the general adoption of the plan he has devised. Its imperfections being recognized, another year will, perhaps, record their removal. Any new device that fails to meet the general approval of the profession, and the use of which is limited to a few specialists, will usually fail of adoption and fall into disuse. It is the confident expectation of your reporter that but few years will go by ere the lithotritite and exhausting-bottle will be found in the armamentarium of the village surgeon; and with further experience the results of their use will be better than at present. Sir Henry Thompson, who has done more lithotrities than anyone else, lends Bigelow's method the sanction of his great name, and states it to be an advance in lithotrity. Billroth, too, accepts it, and gives it his unqualified endorsement.—*Walsh's Retrospect, July*, 1881.

INTESTINAL OBSTRUCTION EXISTING FOR NINE MONTHS CURED BY COLO-PUNCTURE.—In this case, the particulars of which are given by Dr. John M'Gown in the *Glasgow Med. Journal*, colo-puncture was performed as a last resort, and with complete success; although Dr. Goodhart, in a lecture delivered at Guy's Hospital, and reported in the *British Medical Journal*, Sept. 27, 1879, had condemned the operation in very decided terms, telling his students to "do anything rather than this." In Dr. M'Gown's case no chloroform was given. "Dr. Cameron thrust in the trocar and canula into the middle of the transverse colon; the gas blew off for a few minutes, and the bowel was about half emptied of the gas, when the bowel was strongly drawn to the left side by its own peristaltic action; the canula was laid down on the walls of the abdomen, and liquid fæces began to escape from the canula. Dr. Cameron placed his thumb on the mouth of the canula, and then injected a small quantity of tepid water through the canula into the bowel. He now withdrew the canula, and placed a small piece of adhesive plaster over the wound, and we left the patient in bed. We did not consider the operation very successful, as the gas was only partly liberated. But now comes the wonderful part of the case. Three hours after the operation the patient had a very copious discharge from the bowels of dark, clayish, liquid fæces, followed by a second, one hour after the first. Seven hours after the operation a large quantity of gas was passed per anum, and by the next morning the abdomen was quite flat, and the distention completely gone. The kidneys now began to act vigorously. The ordinary chamber utensil was filled three times in sixteen hours, and at the end of three days all the œdema in the limbs had disappeared. The heart's action was now greatly increased; the pulse rose from 48 to 70 per minute. The patient has improved every day since the operation, and is gaining flesh rapidly. Wherever the strangulation existed, I am of opinion that the bowel liberated itself at the time of the operation. Had chloroform been given, the peristaltic action of the bowels might have been reduced, and the operation might not have terminated so well. Had this operation been delayed much longer, the patient could not have lived many days. I look upon the case as another of the triumphs of surgery; and should a similar case present itself to any of my medical brethren, I hope they will not hesitate to give their patient immediate relief and a chance of complete recovery by the operation of colo-puncture."

## SONGS OF THE SCIENCES—MEDICINE.

Oh, would you study medicine, get learning anatomical,
First fill your mind with all the lore of muscles and of veins;
The names that they can boast of sound, you'll say, extremely comical,
But you must learn them ere you try to ease our aches and pains.

To grin derisively you use the musculus risorius;
The sterno-cleido-mastoid serves to turn the head away;
We'll land upon Reil's Island, nor will think the work laborious
To cross the Pons Varolii many times a day.

In course of time you'll learn, no doubt, the laws of physiology,
With all that Foster, Carpenter, and Huxley well must know:
We'll hope you'll pay attention to professors of Pathology,
And gaze on all the wonders that the microscope can show.

You'll find how blo d goes through the lungs, and how they'r oxidizing it,
How certain foods can do us good, while others do us harm;
The body's like a steam engine, 't is really not surprising it
Should take a regular amount of fuel to keep warm.

With Chemistry and Pharmacy, and Surgery and Botany,
And Jurisprudence Medical, I fancy you will find
Enough to fill a busy brain—that is, if you have got any;
You cannot cure the body till you've amply stored the mind.

And when you've studied all you can, in order categorical,
When you have worked at every branch of science under sun,
You'll find—the illustration's not my own, but is historical—
You pick up pebbles on the shore—You've only just begun.

—*Punch.*

TREATMENT OF SPRAINS BY COLLODION.—Dr. A. N. Blodgett, in the *Boston Med. and Surg. Jour.*, p. 294, 1881, relates that in the winter of 1878 he sprained his own ankle, and having tried the usual methods of treatment with very indifferent success, was resigning himself to let the sprain take care of itself, when it occurred to him that the application of *Collodion*, so prepared that it would contract in drying, might be of some service. He made the trial, and was surprised and pleased at the result. For a few minutes no appreciable effect seemed to follow, but after several coatings there commenced a contraction of the whole layer of *Collodion* from all directions at once, to a much greater degree and in a much more efficient manner than any bandage could possibly effect. As the *Collodion* films cracked and divided into scales, these were picked off and fresh coatings applied in succession, until, in the short space of three days, the ankle was restored to its original size, and there was a total absence of pain and tenderness in the joint. In a week he found himself quite well, and has never had a relapse.

Dr. Blodgett cites eight cases successfully treated by *Collodion*. Among the advantages of this mode of treatment are, briefly, prolonged elastic compression in parts notoriously difficult to bandage properly; waterproof protection to the skin from external irritants or applications; hermetical sealing up of wounds in the region of the strain or sprain; constant access to the part without the removal of dressings; an uninterrupted view of every part of the injured limb; reduction of heat in the tissues; great acceleration of the process of healing with perfect restoration of function; a great degree of immunity from relapse; and absolute simplicity in application.

"So far as my limited experience warrants an opinion of *Collodion* in the treatment of strains and sprains, I am inclined to consider it by far the best, simplest, and most satisfactory method I have ever known. The degree of contraction depends much upon the quality of *Collodion* employed. The so-called contractile *Collodion* must be used for this purpose. To obtain the contractile effect of *Collodion* it is necessary to apply several coats successively, one upon the other. I think I have never applied less than six layers, which is easily accomplished, as the *Collodion* dries very quickly, and a second coat can be applied almost as soon as the first is finished."

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COCA IN THE OPIUM AND ALCOHOL HABITS.—Dr. H. F. Stimmell, Chattanooga, Tenn., in *Therapeutic Gazette*, says: "Having put the fluid extract of *Coca* (*Erythroxylon Coca*) to a very severe test, I am prepared to give you the result of my experience. To say that I am surprised or astonished at the wonderful and almost incredible effects of that new remedy as a nervous stimulant would not adequately express my appreciation of it. I will report a case:

"Mr. X. Y. had been addicted to the habit of taking *Morph. sulph.* for about five years, commencing with one-eighth grain, for lumbago, changing it from internal to external application (hypodermically over lumbar region), and gradually increasing the quantity, until he reached the enormous dose of twenty-five grains, as a maximum, three to four times a day. His nervous depression became so great that he could not hold his pen, or button his shirt, or handle knife and fork at breakfast, without taking his usual dose directly after rising. He suffered from all the consequences of the drug. His mind became deranged, and he even attempted the life of his wife and children, after which, believing he had succeeded, he swallowed one drachm of *Morphine*, followed by a five ounce dose of *Paregoric*, with suicidal intent. I was called some time after, but found him suffering scarcely any from the effects of the drug, and the only treatment consisted in keeping him in motion. After his complete recovery I talked freely with him regarding his infirmity, and promised to cure him if he would pledge himself to buy all of his *Morphine* from me, thus enabling me to control his doses. I started him with the allowance of three twenty-grain doses of *Morphine*, to be taken with a drachm of *Coca*. In a week his *Morphine* allowance had decreased to ten grains a day, and his dose of *Coca* increased to one-half ounce, and now, three weeks after commencing this treatment, the *Morphine* has been entirely suspended. Yesterday his wife came to my store handing me a package of powders of *Morph. sulph.*, labeled and dated for me by her husband, in which I had confirmatory evidence of his assertion of abstinence."

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"FOOLED BY TEMPERATURE."—In his little book on Semeiology, lately published, Dr. J. Milner Fothergill has this passage: Often a rise or fall in the temperature heralds a coming change, of which it may be the first outward sign. On the other hand, the student must know that at times rapid rises of temperature are nervous in origin, are, in fact, true neuroses. In one case which came under my notice, in a very nervous girl, for months the temperature, when taken, was over 103°. This rise was accompanied by increased rapidity in the respiration and the pulse. Yet she was sinking of inanition, and never approached the typhoid condition which is the consequence of a sustained high temperature, nor gave any indication of persisting fever. Once the temperature, when taken, was 104°, yet she was not at all feverish; it was just excitement, and too evanescent to produce any distinct consequences. Further, listen to what Austin Flint says: the physician is liable to be misled by placing too much reliance on the laws of temperature. They are not unfrequently interfered with by complications and accidental events. As an illustration, a young girl had passed through typhoid fever, convalescence being declared, in connection with other symptoms, by the laws of thermometry belonging to the decline of fever or defervescence in this disease. Suddenly hysterical symptoms were manifested, and the temperature rose to 105°. The physician, a man of learning and large experience, was naturally alarmed. In a few hours, however, the temperature declined, and recovery took place without further impediment. The expressive comment made by the physician was: "this is not the first time I have been fooled by temperature!" With regard to the information furnished by the thermometer, as well as other diagnostic symptoms, it is to be borne in mind that there are exceptions to rules which are generally applicable. It is in the female sex that these neurosal disturbances are usually manifested. At the catamenial week of the menstrual cycle, temperature perturbations are common, and a pyrexia, for which there is no apparent cause, may at these times cause unnecessary alarm. *Experto crede!*

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RESUSCITATION OF FROZEN ANIMALS.—A conflict of opinion exists between experimenters on the one hand and clinical surgeons on the other, as to the best method of resuscitating frozen animals (including human beings). While the latter, almost without exception, advocate the gradual introduction of heat, the former (Beck, Horwat, Jacoby) claim that it should be applied rapidly. In order to decide this question, Laptschinkski has performed careful experiments on dogs in the clinic of Prof. Manassem. The results were confirmatory of his views on the subject, and are summarized as follows: of 20 animals treated by the method of gradual resuscitation in a cold room, 14 died; of 20 introduced at once into a warm apartment, 8 perished; while of 20 placed immediately in a hot bath, all recovered.—*Intern. Surg. Record*, Sept. 1, 1880.

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REMOVAL OF STRONG ODORS FROM THE HANDS.—Ground mustard mixed with a little water is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid and its salts. The author mentions that the smell of carbolic acid may be removed by rubbing the hands with damp flaxseed meal.—*Druggists' Circular.*

DEATH RATE OF THE RICH AND POOR.—All the sanitary improvements have not reduced the death rate of London, for during the past few years the rate was as follows: In 1856, 22.2 per 1,000; 1876, 22.3; 1877, 23 per 1,000. In all England the rate had remained identically the same for three decades, namely, 22.35 per 1,000. The point endeavored to elucidate was, that the great cause of this non-improvement resided in the mass of indigence which, now as ever, was instrumental in producing a large crop of premature deaths in all densely populated States. Thus, it has been observed in France that persons between the ages of 40 and 45 die, if in easy circumstances, in the proportion of 8.3 per 1.000; while if poor, they died at the rate of 18.7 per 1,000; that is, the mortality between these ages was twice and a half as large among the poor as it was among the wealthy. It was found, too, that in Paris, between the years 1817 and 1836, 1 inhabitant in every 15 died in the twelfth arrondissement, which is peopled in great part by the poor; while in the second arrondissement, inhabited by the wealthier classes, the deaths for the same period were only one in every 65. M. Garnier, of Paris, in 1857, speaking of the mean life in a large English manufacturing city, had found that it was only 17 years in the quarters inhabited by the poor, against 42 among the higher classes. Villerme calculated that the probable life of the infant of a weaver at Mulhouse was as low as one year and six months; while that of the baby of the proprietor of the factory was 26 years. Dr. Drysdale cited from a pamphlet written in 1877 upon the dwellings of the wages-receiving classes in Paris, some further suggestive figures, from which it appeared that a death rate which was the mean of the whole population is always misleading. Thus, in part of a sub-district in London, comprising houses in good condition, the death rate did not exceed 11.3 in every 1,000; while there were adjacent dwellings in the same sub-district in which the death rate had risen to 38 per 1,000; and it was now reported that there were particular districts in London where the death rate was 50 per 1,000. On the other hand, the average death rate of the whole population was only 24 per 1,000 in 1843, and had scarcely deviated from that figure since. If such statistics were insufficient, he would refer to the researches of Ansell, who collected the statistics of 48.044 of the opulent classes in England, including professional men, the nobility, and gentry. It appears from Ansell's tables that among these classes the death ratio was only 80.45 per 1,000 for children under a year old, while for all classes taken together it was 150. Dr. Little found the ratio in Berlin, a city of extreme poverty among the working classes, to be occasionally as high as 500 per 1,000. In conclusion, Dr. Drysdale referred to the statistics of New Zealand as a remarkable confirmation of Ansell's tables. In New Zealand, of late years, the wages of laborers had been very high, and the profits of capital large, with meat only 3*d.* per pound, so that the laborer was able to secure plenty of food without undue anxiety. The result was a death rate of only 12.5 per 1,000—a fact mainly due to the absence of an indigent and badly paid class. In England and Wales, with the same death rate, some 230,000 lives would be saved every year.

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FOREIGN SUBSTANCES IN THE BRAIN.—The report of a very rare if not unique case is furnished by a Dr. Williams to the *St. Louis Med. and Surg. Journal*, as having been received by him from Dr. Carpenter, of Leavenworth, physician to the Kansas State Penitentiary.

A convict in the Penitentiary became, as they supposed, insane. He was a young man in good health up to that time. He was sent to an asylum, and there treated for some considerable time, and was then returned to the Penitentiary as cured. He behaved mildly and obediently in every way, so that they thought he was really restored, there being no further manifestations of insanity. Some months before his time was out as a convict, Dr. Carpenter was called to examine his head, some of the attendants stating that the man had been in the habit of sticking wires into his head for many months previously. The Doctor went to his room and found him sitting on the side of his bunk, apparently perfectly well, only he complained of headache. On inquiry, the Doctor found that the man had bored a hole in the cranium, about an inch above the right ear, with an awl, and into this hole he had been in the habit of sticking wires, nails, needles, and anything of the kind he could get hold of. On closer examination he found the end of a wire projecting from this hole. It was almost completely within the cranium. He got hold of it with a pair of dressing forceps, and tried to pull it out, but failed. He then made an incision across the opening, and, taking what he called his bull-dog forceps, seized the end of the wire, and by making a strong pull, got it out. It proved to be four and three-quarter inches in length.

After that this man continued to put things into his head through the same opening, on every opportunity. At another time the Doctor was called to him and pulled out another wire three and three-quarter inches long. At another time he put a wire six and three-quarter inches long into the hole, and it passed completely through the brain, so that it came against the bone on the opposite side of the head.

One day the young man got hold of an awl, such as they use in the Penitentiary. Some of the attendants noticed that he had this awl in his hand, and went to take it from him, when he ran across the room away from the attendant, and picking up a piece of board, put the awl to the top of his head, and, striking it with the piece of board, drove it into his head up to the handle. After this they got the awl away from him, and he went back to his bunk. He was quiet and gave them no trouble, except that they had to watch him to keep him from killing himself in this way. Sometime after this his time expired, and he was employed by a man in the neighborhood of the Penitentiary. Being nervous and sleepless after removing to his new quarters, he procured a quantity of *Morphine*, took an overdose accidentally, as is supposed, and died from its effects. A post mortem was made by Dr. Carpenter, assisted by Dr. Sayer, of Leavenworth. In the substance of the brain the following foreign bodies were found: first, a wire four and three-fourth inches in length; second, a wire three and seven-eighth inches long; third, a wire six and three-fourth inches in length; a wire was removed from the middle lobe two and one-sixth inches long; one in the anterior lobe two and three-eighth inches long; a nail removed from the anterior lobe two and one-quarter inches in length; a needle removed from the middle lobe one and five-eighth inches in length. These were encysted in a manner in the substance of the brain, and apparently gave him no trouble whatever.

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NEW SURGICAL ANÆSTHETIC.—Chloroform has been accused of producing respiratory paralysis, and Dr. Wachsmuth claims that this can be avoided by causing the patient to inhale a mixture of chloroform and rectified essence of turpentine in the proportion of one to five. Frank of Olmutz has tried this mixture in ten cases and found that it worked well. Anæsthesia was rapidly produced, easily maintained, and was not followed by any disagreeable symptoms.—*Le Courier Médical.*

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OAKUM IN AFFECTIONS OF THE JOINTS.—M. Constantin Paul, at the Hospital Lariboisiére, has been employing oakum with great success in the treatment of subacute and chronic affections of the joints. It is simply wrapped round the painful joint to a thickness of one-half to one inch, and left there. He found it especially useful in gonorrheal arthritis of the knee, in arthritis deformans, and in all cases where the application of Iodine is usually recommended —*Revue Médicale.*

DR. ANDREW CLARK ON ALCOHOL.—Dr. Andrew Clark lately delivered an evening address on *Alcohol*, in the Great Portland St. school-rooms, London, to a crowded and deeply interested audience. He ventured to say that he knew something about this question. For 25 years he had been physician to one of the largest hospitals in this country (the London Hospital), and there, as elsewhere, it had been a part of his business in life to ascertain the influence which alcoholic drinks exercised upon health, and he had with deep interest and attention striven to get at the truth of the matter. In the first place let him distinctly say that *Alcohol* was a poison, as were also *Strychnine*, *Arsenic*, and *Opium*; but in certain small doses, *Strychnine*, *Arsenic*, and *Opium* were useful in special circumstances, and in very minute doses, *Alcohol* could also be used without any obvious prejudicial effects upon health. He was not going to discuss what these minute doses were, save that they were very minute. A perfect state of health (and it was rarely to be found) could not be benefited by *Alcohol* in any degree, and in nine times out of ten it was injured by it. As to the influence of *Alcohol* upon work, Dr. Clark went on to encourage his hearers to try the experiment of total abstinence, and observe the result in regard to work. He was certain that, if this experiment were tried, each individual present would come to the conclusion that *Alcohol* was not a helper of work, but a hinderer.

Now as to the effect of *Alcohol* upon disease. He went through the wards of his hospital to-day, and asked himself how many cases there were due to natural and unavoidable causes and how many to drink, and he came, after careful thought, to the conclusion that seven out of ten owed their ill health to *Alcohol*. He did not say that these were excessive drinkers or drunkards. In fact, it was not the drunkards who suffered most from *Alcohol*, but the moderate drinkers who exceeded the physiological quantity. The drunkard was very often an abstainer for months together after a period of intemperance, but the moderate drinker went steadily to work undermining his constitution, and preparing himself for premature decay and death. He had no means of finding out how many victims *Alcohol* claimed each year, but certainly more than three-fourths of the disorders of fashionable life arose from the drug of which he was speaking. Finally Dr. Clark dwelt upon the heredity of the *Alcohol* taint, and concluded by saying that sometimes when he thought of all this conglomeration of evils, he was disposed to rush to the opposite extreme—to give up his profession, to give up everything, and enter upon a holy crusade, preaching to all men everywhere to beware of this enemy of the race.

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AN ELECTRICAL PROBE.—M. Trouve, the well-known Parisian instrument maker, has opened up a fertile field of invention by applying electricity to surgical requirements. His polyscope for lighting up inaccessible cavities of the body, by means of a small platinum spiral rendered incandescent by the electric current, has been generally adopted by scientific dentists; and his new electric probe is likely to be useful also. It consists of two metal stems placed side by side, but separated by an insulator, and terminated by two very sharp points. Conducting wires are connected to the butt ends of these two blades, and include in their circuit a small inverting battery and a tiny trembler bell. When the probe comes in contact with a metallic body in the wound, say a ball or spark of metal, the circuit is completed across its points and the bell is rung, thereby announcing contact to the operator. The conductivity of bone, wood or flesh is too feeble to make the bell ring; but a fragment of metal serves at once to do so. Lead can be distinguished by the continuous ringing which it gives, owing to the penetration of the points into its mass; while iron or copper gives a jerky sound, and the approach of a light astatic magnet suspended by a wire without torsion will enable the surgeon to tell iron from copper.

A recent notable case of extracting a steel spark from the eye of a Berlin workman by means of electro-magnetism, deserves mention. The eye had become very much inflamed, and it was necessary either to extract the mote without delay or remove the eye itself. Dr. Hirschberg, a Berlin oculist, succeeded in the former plan, by inserting a soft iron probe into the eye until it touched the mote, and then by magnetizing the probe with an electro-magnetic coil he was able to draw the dangerous intruder forth.—*Med. Gazette.*

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FIBROID TUMORS OF THE UTERUS.—Dr. J. H. Warren concludes a paper on this subject in the *Virginia Med. Monthly*, as follows: This paper would hardly be complete unless I should mention the very valuable discovery of Dr. Hewson, Sr., who has brought to our notice the very successful treatment of fibroids by means of dry earth. My experience in the earth treatment is as yet limited. I have, however, at the present time, two large fibroids which I am treating with apparent great success by this method. One patient has now been two months under treatment with a result most astonishing, as the tumor has been reduced fully two-thirds. My other patient, ætat. 43, with a multiple sub-peritoneal fibroid, estimated to weigh fully twenty-five pounds, has already lost fully a third, and the treatment has been not quite one month. In addition to those means above named, I would suggest, in some forms of fibroids within the uterine cavity, passing a carbolized seton through some prominent part, and the application of an elastic rubber bandage, three or four inches wide. The effect of this constant pressure, night and day, where it can be endured, if there be no tenderness to follow the effect of the seton, will cause, in some kinds and in suitable cases, these tumors to disappear, as it often occurs that a very little disturbance in the structural parts, and interference in the blood supply and nourishment of these fibroids will cause their destruction, atrophy and the rapid disappearance of these tumors.

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ARTIFICIAL IMPREGNATION.—In a recent communication to the Société de Biologie, Dr. De Sinéty discussed the subject of sterility in the male. He was inclined to think that in families without children the cause was oftener in the male than had generally been supposed. The usual test of procreative power on the part of the male is an examination of the spermatic fluid. If spermatozoa are found, it is considered evidence that the man is potent. In three instances described by Dr. Sinéty, however, this conclusion seems to be made doubtful. In these cases there seemed to be nothing in the condition of the wives to explain their sterility. Spermatozoa were found in the spermatic fluid of the husbands. In order to be sure that the spermatic fluid reached the interior of the uterus, artificial impregnation was resorted to. Shortly after the menstrual flow this was repeated, at intervals, six times, but without avail. The fresh spermatic fluid had been examined, and found to contain many spermatozoa; but it was at last noticed that these spermatozoa, though very numerous, were for the most part immobile, and that movements soon ceased even in the few where they were first noticed. The observer's attention was awakened by this, and he examined the fluid in the two other cases, with the result of finding the same condition. Two of the patients had tuberculosis, and the third was much debilitated.

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ADULTERATION OF FOOD IN FRANCE.—A large laboratory is to be built in Paris by official order of the prefect of police. Competent chemists are to be in constant attendance. Wine, milk, chocolate, coffee, meat—in fact, eatables generally, are to be carefully examined with a view to the detection of adulteration or falsification. The fee is to be paid by applicants, but it is to be maintained at a low figure.

MORNING SICKNESS.—In discussing the subject of morning sickness before the Berlin Medical Society, Dr. L. Rosenthal recognized three varieties: (1) the ordinary sickness; (2) the sickness following every meal, and lasting even after quickening, but not destroying appetite; (3) the rare form often accompanied with diarrhœa and salivation and failure of nutrition, and sometimes followed by death. Of the third variety Paul Dubois saw 20 fatal cases, and of 118 cases given by Gueniot, 46 proved fatal. The condition is doubtless dependent upon some abnormality of the uterus, and generally of the cervix; but since such abnormalities are so very common, why is this effect so rare? Because a neurotic tendency must be present also as a predisposing cause. There are many analogies between hyperemesis gravidarum and nervous or hysterical vomiting. Dr. Rosenthal states that *ice, ipecac, calumba,* and *oxalate of Cerium* have enjoyed the most repute in the treatment. He has resorted to Copeman's procedure in two instances with success, and recommends it even in moderate cases; while Dr. Sims holds that it should be reserved for those which are urgent and rebellious.

UTILITY AND INNOCENCE OF THE STOMACH PUMP.—Prof. Germain Sée, in his treatise on gastro-intestinal dyspepsia, relates a certain number of cases which well demonstrate the utility of this method in gastric affections of very different kinds. He speaks of the case of a young girl suffering from serious anorexia, with invincible refusal of all nourishment, who had reached the last stage of marasmus, and who was treated for six months with this mechanical treatment. Dr Sée has also seen obstinate vomiting thus stopped; cancer is greatly relieved, and dyspepsia of the cachetic form, which seemed of the nature of cancer, has been completely cured. In the last case, as well as being a means of treatment, it forms a true method of diagnosis. This brief enumeration shows the great importance of this new mode of treatment, which unites perfect harmlessness to very great facility of employment; since, up to the present time, not a single accident has been known to occur from the operation.

PRECOCIOUS MENSTRUATION.—B. F. Zeller, M. D., Beamsville, O., reports the following facts of a case of precocious menstruation; the child is now five months old, and began menstruating at the age of two months. It has now menstruated three times at regular intervals of four weeks, the menses lasting from three to four days. The parents came to me for advice, but as the child is very healthy, there is nothing to be done. Bedford, in his work on obstetrics, relates a case where the child was as young as twelve months—reported by Dr. Rowlett, of Kentucky—but does not seem to place much faith in it.

THE rate of mortality among the foundlings in the almshouses of Boston and Philadelphia is asserted to be precisely 100 per cent.! Formal charges have been presented against the officials of those institutions by the Societies for the Prevention of Cruelty to Children in the respective cities.

*Good Health* directs attention to the danger of using fruit cans with zinc tops, which are liable to poison the contents, from the formation of poisonous salts by the action of acids from the fruits on the zinc. Jars with glass or porcelain tops are safer to use.

THE odor of *Iodoform* may be effectually concealed by the addition of a few drops of tincture of *Musk*. This applies not only to the drug in powder, but to ointments and other compounds containing it.

THE blank bills bound into our whole issue for Sept., were not intended for those who had already made remittance!

GENERAL SECT'Y MACCORMAC (who has been knighted by the Queen) states that there were 3,210 delegates present at the International Congress; that the sections had held 11 meetings, extending over 293 hours; that there had been delivered 464 written papers and 360 oral addresses. The attendance at the sections had been large, and had not shown signs of falling off even quite to the close. The museum was referred to as a great success, and the demonstrations on living patients had been largely attended.

The management of the minutiæ of this meeting is said to have been something wonderful, and showed remarkable executive ability; and to this is ascribed in great degree the success which attended the undertaking. We hope officers of other similar organizations will benefit by this experience.

The International Congress unanimously adopted the following proper and appropriate resolution:—

"That this Congress records its conviction that experiments on living animals have proved of the utmost service to medicine in the past, and are indispensable for its future progress; that, accordingly, while strongly deprecating the infliction of unnecessary pain, it is of opinion that, in the interests of men and animals, it is not desirable to restrict competent persons in the performance of such experiments."

THE discussion of Dr. Bristowe's paper before the British Medical Association showed about as much intelligence as would be expected of disputants wholly ignorant of the subject under discussion. The facetious part was based upon the hackneyed calculation of infinitesimals, which has been shown to be fallacious so often as not to need repetition; but, if further information on the subject is desired, it may be found in Dr. Taylor's admirable "review" on page 207 current number. We again assert that these men do not know what they are talking about!

NITRITE OF AMYL will be found a very effectual remedy in chordee and painful priapism. We have recently prescribed it for those conditions with very satisfactory results. Three to five drops by inhalation is the proper dose.—*St. Louis Clin. Review*, June, 1881.

THE NEW YORK OPHTHALMIC HOSPITAL reports for the month of Aug.: Number of Prescriptions, 3,775; new patients, 620; patients resident, 17; average daily attendance, 140; largest, 191.

BOSTON UNIVERSITY SCHOOL OF MEDICINE has very appropriately established a "Garfield Scholarship Fund," the income of which shall be used to aid worthy and needy students.

"MEDICAL LEGISLATION."—E. N. E. desires us to say in correction, that Dr. Barclay *did* vote against the bill under discussion," which was otherwise stated in our June No.

PROF. BIGELOW'S operation of litholapaxy has been performed six times successfully by Billroth.—*Maryland Med. Jour.*, April 1, 1881.

PROF. VIRCHOW, of Berlin, has an American lady student as Assistant. She is the first woman admitted to full privileges of the University of Berlin.

THE Chicago Hom. Med. College has a new and elegant building, and second to none in the country, which it will occupy for the first time the coming session.

DR. A. P. WILLIAMSON, chief of staff, reports 770 patients treated at the Homœopathic Hospital, W. I., during August, with 2.85 per cent. death rate.

ERRATA.—On p. 181, Sept. No., second column, line 27 from top, insert the word *not*, before "fail," so that it will read "would *not* fail," etc.